

GASTROENTEROLOGISTS LTD.

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Gastroenterologists Ltd. . Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

If you have any questions about our Notice of Privacy Practices, please contact our Compliance Office at:847-680-5880.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting us at the above address.

I acknowledge receipt of the Notice of Privacy Practices of Gastroenterologists Ltd. .

Signature: _____
(patient/parent/conservator/guardian)

Date: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of provider representative: _____ Date: _____

An acknowledgement was not obtained because:

Patient refused to sign.

Patient was unable to sign or initial because:

There was a medical emergency (the staff member will attempt to obtain acknowledgement at the next available opportunity).

Other reason(s): _____
