

DIGESTIVE HEALTHCARE CENTER, P.A.

PRIVACY PRACTICES ACKNOWLEDGEMENT

There is an available copy of our privacy practices posted at the front desk. Upon signing the below, you are acknowledging that a copy has been offered to you and you may request a personal copy for your records.

I have received the Notice of Privacy Practices and I have been provided with an opportunity to review it.

Name: _____

Signature: _____

Date: _____

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