



# Digestive & Liver Disease Consultants, PA

*Comprehensive Gastrointestinal & Hepatology Consultative, Endoscopy & Motility Services*

## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan & direct my treatment & follow-up among the office of DLDC, & their employees.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been given the opportunity to read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that the Offices of Digestive & Liver Disease Consultants, PA has the right to change its Notice of Privacy Practices from time to time and that I may contact the office at any time at the address below to obtain a current copy of this notice.

Attn: Privacy Compliance Officer  
Digestive & Liver Disease Consultants,  
275 Lantern Bend, Suite 200  
Houston, TX 77090

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand this office is not required to agree to my restrictions, but if they do agree then they are bound to abide by such. I also understand that I can designate persons other than myself to receive information about me.

Those persons and their relationship to myself are as follows:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

RELATIONSHIP TO PATIENT \_\_\_\_\_

(If patient is a minor, otherwise leave blank)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR OFFICE USE ONLY

An attempted was made to obtain the patient's signature for this document; however, we were unable to do so as documented below.

DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_ REASON: \_\_\_\_\_

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