



GASTROENTEROLOGY CONSULTANTS, P.C.

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Diagnostic & Therapeutic Gastrointestinal Endoscopy

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CONSENT

You agree to permit your protected health information to be used and disclosed for purposes of treatment, payment, and health care operations. For more details about these uses and disclosures, please see our Privacy Notice.

We reserve the right to change our privacy policies described in the Privacy Notice. You may call us to receive an updated notice.

You have the right to request that we restrict how your protected health information is used or disclosed to carry out treatment, payment, or health care operations. We are not required to agree with this request, but if we do, we are bound by it.

You have the right to revoke your consent in writing. A revocation, however, will not apply to the extent we have taken action in reliance upon the use or disclosure of your information.

Signature

Date