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:			

Revised 7/11/08