

Gastroenterology Associates of Central VA



Notice of Privacy Practices Acknowledgement

I have read a copy of the Gastroenterology Associates of Central VA Notice of Privacy Practices. I understand that Gastroenterology Associates of Central VA has the right to change its Notice of Privacy Practices from time to time and that I may contact Gastroenterology Associates of Central VA at any time to obtain a current copy of the Notice of Privacy Practices.

Patient Signature: _____

Legal Representative: _____
Relationship:

Witnessed by: _____