



Advanced Gastroenterology Associates
Atlantic Coast Gastroenterology Associates
Gastroenterologists of Ocean County
Middlesex Monmouth Gastroenterology
Monmouth Gastroenterology
Red Bank Gastroenterology Associates
Shore Gastroenterology Associates

**PATIENT ACKNOWLEDGEMENT OF
THE NOTICE OF PRIVACY PRACTICES
AND CONSENT FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION (PHI)**

The physicians and staff of Middlesex / Monmouth Gastroenterology are dedicated to maintaining the privacy of your confidential, protected health information (PHI). In conducting our practice, we create records regarding your health status and the health care and services you receive at this practice.

We are required by law to give you this notice. It will tell you about the ways in which this Practice may use or disclose health information about you. It also describes your rights and our obligations regarding the use and disclosure of that information.

Print Patient's Name

I acknowledge that I have either received a copy of this office's NOTICE OF PRIVACY PRACTICES or that the NOTICE OF PRIVACY PRACTICES was made available to me to receive.

I also consent to the use and disclosure of my personal Protected Health Information by your office for Treatment, Billing / Payment and Health care operations as outlined in the NOTICE OF PRIVACY PRACTICES.

Patient / Guardian Signature

Date

10/2018