



## HIPAA Privacy Notice

Our practice is compliant with HIPAA regulations. The notice of privacy practices is available to all patients in our waiting room. If you would like a personal copy, please notify our staff.

I hereby acknowledge that I have been offered the Notice of Privacy Practices of Central Indiana Gastroenterology Group, PC dated April 14, 2003.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of Patient or Healthcare Representative)

### Medical Disclosure Request

I do hereby request that Central Indiana Gastroenterology Group, PC disclose to the following persons my health information which is directly relevant to involvement in my care or payment for my care. Central Indiana Gastroenterology Group, PC may also use or disclose this information as necessary to notify listed individuals of my location, condition, or death.

NAME(S) \_\_\_\_\_ RELATION \_\_\_\_\_

NAME(S) \_\_\_\_\_ RELATION \_\_\_\_\_

NAME(S) \_\_\_\_\_ RELATION \_\_\_\_\_

NAME(S) \_\_\_\_\_ RELATION \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of Patient or Healthcare Representative)