



Patient Name:
MRN:
Date of Birth:

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Regional GI (RGI), Mid-Atlantic Endoscopy, Lancaster PA Endoscopy, and RGAL Anesthesia to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (Regional GI's Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

I have the right to review the Notice of Privacy Practices prior to signing this consent.

Regional GI (RGI), Mid-Atlantic Endoscopy, Lancaster PA Endoscopy, and RGAL Anesthesia reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Regional GI Privacy Officer at 2112 Harrisburg Pike, Suite 202, PO Box 3200, Lancaster, PA 17604-3200.

Initials

With this consent, Regional GI (RGI), Mid-Atlantic Endoscopy, Lancaster PA Endoscopy, and RGAL Anesthesia may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out treatment, payment and healthcare operations, such as appointment reminders, insurance items, and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, Regional GI (RGI), Mid-Atlantic Endoscopy, Lancaster PA Endoscopy, and RGAL Anesthesia may mail to my home or other alternative location any items that assist the practice in carrying out treatment, payment and healthcare operations, such as appointment reminders and patient statements.

I have the right to request that Regional GI (RGI), Mid-Atlantic Endoscopy, Lancaster PA Endoscopy, and RGAL Anesthesia restrict how it uses or discloses my protected health information to carry out treatment, payment and healthcare operations. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

I authorize Regional GI (RGI), Mid-Atlantic Endoscopy, Lancaster PA Endoscopy, and RGAL Anesthesia to release my medical information (including billing) to the following people on my behalf (example: Spouse, family members and friends).

Name

Relationship

Name

Relationship

By signing this form, I am consenting to Regional GI (RGI), Mid-Atlantic Endoscopy, Lancaster PA Endoscopy, and RGAL Anesthesia use and disclose of my protected health information to carry out treatment, payment and healthcare operations.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Regional GI (RGI), Mid-Atlantic Endoscopy, Lancaster PA Endoscopy, and RGAL Anesthesia, may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Name of Patient or Legal Guardian