

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND
CONSENT TO USE AND DISCLOSE HEALTH INFORMATION**

This acknowledgement of notice and consent authorizes Bayfront Digestive Disease Associates, P.C. to use and disclose health information about you for treatment, payment and health care operations purposes.

Notice of Privacy Practices. Bayfront Digestive Disease has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to contact our Privacy Officer

Mail: Bayfront Digestive Disease Associates, P.C.
Attn: Privacy Officer
100 Peach Street, Suite 200
Erie, PA 16507
Telephone: (814) 456-7733
Facsimile: (814) 456-7213

Acknowledgement and Consent

I have received the Notice of Privacy Practices for Bayfront Digestive Disease Associates, P.C. Bayfront Digestive Disease is authorized to use and disclose health information about _____ (patient name) for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

Signature of patient
(or patient's personal representative)

Date

Personal representative information (if applicable): _____
Name of personal representative

(relationship to patient or other authority)