

GASTROENTEROLOGY ASSOCIATES OF NORTH TEXAS
**CONSENT FOR RELEASE OF INFORMATION FOR TREATMENT,
PAYMENT AND HEALTH CARE OPERATIONS**

I, _____, hereby authorize **Gastroenterology Associates of North Texas (G.A.N.T.)** to use and/or disclose my health information which specifically identifies me or which can reasonably be used to identify me to carry out my treatment, payment and health care operations. I understand that while this consent is voluntary, if I refuse to sign this consent, **G.A.N.T.** can refuse to treat me.

I have been informed that **G.A.N.T.** has prepared a notice (“Notice”) which more fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and health care operations. I understand that I have the right to review such Notice prior to signing this consent.

I understand that this consent is valid indefinitely. I may revoke this consent at any time by notifying **G.A.N.T.**, in writing, but if I revoke my consent, such revocation will not affect any actions that **G.A.N.T.** took before receiving my revocation.

I understand that **G.A.N.T.** has reserved the right to change their privacy practices and that I can obtain such changed notice upon request.

I understand that I have the right to request that **G.A.N.T.** restricts how my individually identifiable health information is used and/or disclosed to carry out treatment, payment or health operations. I understand that **G.A.N.T.** does not have to agree to such restrictions, but that once such restrictions are agreed to, **G.A.N.T.** must adhere to such restrictions.

Signature of patient or patient’s representative

Date

Printed name of patient or patient’s representative

Relationship

In Addition

I hereby authorize **G.A.N.T.** to release medical information regarding myself by mail, on my answering machine or voice mail. Patient’s Initials _____

I hereby authorize **G.A.N.T.** to release medical information regarding myself to the following:

<u>Name</u>	<u>Relationship</u>	<u>Phone#</u>	<u>Initials</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____