Dale Coy, MD
Manish Bhuva, MD
Dafna Gordon, MD
Amit Shah, MD
Chad Spangler, MD

GI PARTNERS of ILLINOIS, LLC

Brant Lutsi, MD
Nicole Gentile, MD
Erin Micklinghoff, CNP
James Ferguson, CNP
Katie Akers, CNP

Gastroenterology and Internal Medicine Specialists, S.C.

Consent to the Use and Disclosure of Medical Information for Treatment, Payment and Healthcare Operations

Receipt Acknowledgement of Notice of Privacy Practices

I consent to the use and disclosure of my medical information by **Gastroenterology and Internal Medicine Specialists, S.C.** for the purpose of diagnosing or providing treatment to me, obtaining payment for my treatment or to conduct healthcare operations of the practice. I understand that treatment by the practice may be denied if I do not sign this consent.

I understand that I have the right to request restrictions as to how this information is used or disclosed for treatment, payment or healthcare operations. **Gastroenterology & Internal Medicine Specialists, S.C.** is not required to agree to the restrictions that I may request, but if the practice agrees to a restriction, the practice is bound by the agreement.

I have the right to revoke this consent, in writing, except where the practice has already made disclosures in reliance on prior consent.

I understand and have been provided with **Gastroenterology & Internal Medicine Specialists, S.C.** Notice of Privacy Practices that provides information about how the practice may use and disclose medical information. I understand that I have the right to review the notice prior to signing this consent.

Gastroenterology & Internal Medicine Specialists, S.C. has the right to change the privacy practices that is described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling or visiting the office and requesting a revised copy.

_____ _____
Signature of Patient or Authorized Representative Date

_____
Name of Patient or Authorized Representative