



Acknowledgement of Review of Notice of Privacy Practices (HIPPA)

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy

Regarding my protected health information. The information obtained by Katy Integrative Gastroenterology can and will be used to:

- Conduct, plan and direct treatment (in person, virtual, or over the phone)
Please be advised -Audio calls 5 minutes or longer will be billed to your insurance carrier (copay or deductible may apply)
This form also acknowledges Written consent/verbal consent good for 1 year for all virtual appts done by our office. Do you give us written consent for any virtual appointments with our providers? YES or NO

- Obtain payment from third party payers
Conduct normal healthcare operations such as quality assurance

Katy Integrative Gastroenterology has the right to amend this notice and that I am entitled to an updated copy of this notice if requested.

I understand that I may request in writing that Katy Integrative Gastroenterology restrict how my health information is used or disclosed to carry out treatment and healthcare operations. However, I understand that the facility may not accept these requested restrictions, but if accepted must abide by treatment. I understand that I have the right to review and copy my health information and request a change to any information that I believe is not a complete list of each disclosure of my protected health information.

Ok to leave a message on my primary number? Yes No, If yes, preferred phone #: _____

Ok to email me: Yes No, If yes, Email address: _____

I authorize my records to be discussed with or picked by:

- Patient ONLY
Other

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

I understand that I may revoke or terminate this authorization at any time by submitting a written request to Katy Integrative Gastroenterology.

Print Patient Name: _____

Signature of Patient or Representative: _____ Date _____