South Oakland Gastroenterology 23133 Orchard Lake Rd., Suite 200 Farmington, MI 48336

Patient Acknowledgement and Consent Form

Effective April 14, 2003, the new federal law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that this office comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future. To comply with one of the HIPAA requirements, South Oakland Gastroenterology is providing you with a copy of our Notice of Privacy Practices. This Notice of Privacy Practices contains the information that HIPAA requires us to disclose regarding our privacy practices. Existing MI laws requires (in addition to our attempt to obtain your written acknowledgement, discussed above) us to first obtain your written consent prior to disclosing any of your information except for

our disclosures in connection with: a defense to a claim challenging our professional competence; a review entity's functions; a claim for payment of fees; a third party payer's examination of our records; a court order as part of a criminal investigation; an identification of a dead body; a licensure investigation; or a child abuse / neglect investigation.

In some instances, it may be necessary for us to make disclosures of your information in connection with your treatment. For example, we may make a referral to or consult with another covered entity for testing or otherwise make disclosures of your information in connection with providing or coordinating your treatment.

Patient Acknowledgment

Please sign this form below under the heading "acknow	riedgment" to acknowledge that you have today
received a copy of our Notice of Privacy Practices.	o maio today

received a copy	of our Notice of Privacy Practices.	
I acknowledge that I have today received a copy of the Notice of Privacy Practices.		
Patient or Parent	/Guardian Signature Patient Name (Please Print)	
Date		
	For Office use only Patient refused to Sign The following circumstances prohibited the patient form signing the Acknowledgement.	
	An emergency situation prevented the patient from signing the Acknowledgement.	