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ADVANCED GASTROENTEROLOGY GROUP LLC

Patient Consent and Acknowledgement of Privacy Practices for Use and/or Disclosure of Protected Health Information to Carry Out Treatment, Payment and Healthcare Operations

_____, hereby states that by signing this Consent, agree and
(PATIENT'S NAME)

acknowledge the following:

1. The Notice of Privacy Practices (“Privacy Notice”) for Advanced Gastroenterology Group, LLC, (“the Practice”) has been provided to me prior to my signing this Consent. The Privacy Notice includes a description of the permissible uses and/or disclosures of my protected health information (“PHI”) by the Practice. I understand that a copy of the Privacy Notice will be available to me in the future at my request. The Center has encouraged me to read the Privacy Notice carefully prior to my signing this Consent. Practice reserves the right to change its privacy practices that are described in its Privacy Notice, in accordance with applicable law.
2. I understand that, and consent to, the following appointment reminders that will be used by the Practice:
3. A postcard mailed to me at the address provided by me; and/or
 - a. Telephoning my home and leaving a message on my answering machine.
 - b. Telephoning my cellphone or leaving a text message.
 - c. I understand that if I do not sign this Consent evidencing my consent to the uses and disclosures described in the Privacy Notice, then the Practice will not treat me.

I have read and understand the foregoing notice, and all my questions have been answered to my full satisfaction in a way that I can understand.

Signature of Patient or Legal Representative

Signature of Witness

116 Millburn Ave, Ste 211 Millburn, New Jersey 07041 Ph # (973) 467-2500 F # (973) 376-5003	1308 Morris Ave, Ste 102 Union, New Jersey 07083 Ph # (908) 851-2770 F # (908) 851-7706	515 North Wood Ave, Ste 202A Linden, New Jersey 07036 Ph # (908) 486-8080 F # (908) 272-6300	210 North Ave Ste 2 Cranford, NJ 07016 Ph # (908) 272-6300 F # (908) 272-6302
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