Advanced

Gastroenterology of Texas

2540 N Galloway Ave
Suite 205
Mesquite TX 75150

Phone: 214-962-4863
Fax: 214-306-0041
www.Advancedgastrodoc.com

CONSENT TO DISCLOSE INFORMATION

I understand that in order to disclose information regarding my care, Advanced Gastroenterology of TX must have my consent. Therefore, I authorize the practice of disclosing my information as described in the Notice of Privacy Practices to the beneficiaries listed below.

Description of the information to disclose (check all that apply)

☐ All procedures ☐ Test results ☐ Appointments ☐Other ________________

☐ Surgeries ☐ Billing / Account information

Name(s) of the person(s) authorized to obtain the information mentioned above. (for example, doctor other than your referring physician, relatives and other specified person / persons)

Name: _______________________________ Relationship: _______________________________

Name: _______________________________ Relationship: _______________________________

Name: _______________________________ Relationship: _______________________________

I authorize Advanced Gastroenterology of TX to contact me at the following number(s) with results or questions and acknowledge if I chose to have my information emailed there is a risk of breach information.

Home _____________________ Mobile phone ___________________ Work ______________

Email ____

Please indicate your preferred method of communication ___________________________________

Please write down any restrictions or concerns you have regarding your release of the information.

____

____

____ ______________________

Print Patient's Name Date

____ ______________________

Signature of Patient or Legal Guardian Relationship to Patient