



Gastroenterology  
Clinic of San Antonio, P.A.

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, have reviewed  
Patient Name

Gastroenterology Clinic of San Antonio Notice of Privacy Practice, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\*\*\*\*\*

Gastroenterology Clinic of San Antonio was unable to obtain acknowledgement because:

- Emergency
- Patient Non-Responsive
- Patient Sedated
- Patient Confused/Disoriented
- Patient Refused - Reason \_\_\_\_\_
- Other \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date