

# South Suburban Gastroenterology S.C.

Abraham Fallah, M.D. Shiban Ganju, M.D. Robert C. Kaiser, M.D. Matthew L. Horowitz, M.D., M.S. Carl A. Robinson, M.D.

INTERNAL MEDICINE AND GASTROENTEROLOGY

## PATIENT ACKNOWLEDGEMENT OF DISCLOSURE INFORMATION

### **My signature below acknowledges the following:**

- I have received a copy/am aware of the Patient Bill of Rights; as required by law and have had an opportunity to receive assistance in understanding and exercising these rights.
- I have been shown a copy/am aware of this office's Notice of Privacy Practices, including the Private Health Information (PHI) designated at the time of visit and was offered a copy to take with me if I wish.
- I have received information on/am aware of the Infection Control measures utilized by this organization.
- I have received a copy/am aware of the Practice Disclosure (about our Practice, including the Grievance process) and am comfortable with that information. I also understand this practices position on Do Not Resuscitate (DNR) and Living Wills and that this practice does not honor these directives while undergoing procedures in the office.

\_\_\_\_\_  
Signature of Patient/Representative

\_\_\_\_\_  
Date

Above signature was not obtained because:

- Patient is unable and unaccompanied by a representative. Patient left with all pertinent disclosures.
- Patient refused to sign.
- Patient refused forms.