

**San Diego
Digestive Disease Consultants, Inc.**

A Medical Group
Diplomates
American Board of
Gastroenterology

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PRIVACY RIGHTS NOTIFICATION ACKNOWLEDGMENT

By signing this form, you are granting consent to San Diego Digestive Disease Consultants, Inc. to use and disclose your protected health information for the purposes of *treatment, payment and health care operations*. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

I hereby acknowledge receipt of the Notice of Privacy Practices.

Date _____

Signature _____

Patient Name _____ Date of Birth _____