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Texas Center For DIGESTIVE HEALTH

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STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

This **Standard Authorization** gives the doctors and staff of TEXAS CENTER FOR DIGESTIVE HEALTH your permission to speak to or give written documentation about your medical health information to the person/persons you have designated.

Name of person or organization: (COMPLETED ON SIGNATURE PAGE)

Expiration Date of Authorization
This authorization is effective through No Expiration unless revoked or terminated by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization
You may revoke or terminate this authorization by submitting a written revocation to TEXAS CENTER FOR DIGESTIVE HEALTH. You should contact TEXAS CENTER FOR DIGESTIVE HEALTH to terminate this authorization.

Potential for Re-disclosure
Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

Former Medical Records Authorization
If you were a former patient of Memorial-Katy Gastroenterology Consultants, we can access your prior records with your permission.

Name and Signature of Patient: (COMPLETED ON SIGNATURE PAGE)

Name and Signature of Patient Representative: (COMPLETED ON SIGNATURE PAGE)

CANCELLATION POLICY

There is a $50.00 charge for all appointments and a $200.00 charge for all procedures you no-show for, or that are not cancelled or rescheduled within a 24 hour notice.

I, (COMPLETED ON SIGNATURE PAGE), acknowledge the above statement and will honor this proposition by signing below.

Patient Signature: (COMPLETED ON SIGNATURE PAGE)