



ACKNOWLEDGMENT

I hereby acknowledge that I have received a copy of the Joint Notice of Privacy Practices of Regional Gastroenterology Associates of Lancaster, Ltd. and Nova Anesthesia Professionals, Inc.

Patient/legal representative signature: _____

Print name: _____

Date: _____

Patient/personal representative refused to sign Acknowledgment.

Admissions personnel signature: _____

Print Name: _____

Date: _____

Reason for refusal: