



ROCKY MOUNTAIN  
GASTROENTEROLOGY

# PATIENT CONSENT FOR USE & DISCLOSURE (HIPAA)

[www.RockyMountainGastro.com](http://www.RockyMountainGastro.com)

I hereby give my consent for Rocky Mountain Gastroenterology to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations. The notice of Privacy Practices provided by RMG describes such uses and disclosures which I have the right to review prior to signing this consent.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Print Patient's Name or Legal Guardian

\_\_\_\_\_  
Date