GATGI
Gastroenterology Associates of Tidewater

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Patient's name _____ Date _____

Deemed Consent Form

I understand that the laws of Virginia provide if my physician or any person employed by or under the direction and control of my physician(s) is directly exposed to my body fluids in any manner which may according to the then current guidelines for the Center of Disease Control transmit the human immunodeficiency virus (HIV) or hepatitis B or C viruses that I am deemed by law to have consented to testing for infection with HIV or hepatitis B or C viruses. I further understand that by law I will have deemed to have consented to the release of these test results to the person who is exposed to my body fluids.

Acknowledgement of HIPAA Privacy Practices/Cancellation/No Show Policy

_____ I hereby acknowledge that I have had the opportunity to review a copy of the Notice of Privacy Practices, as well as the cancellation/no show policy of Tidewater Gastroenterology, PLLC - Gastroenterology Associates of Tidewater.

Please leave valuables at home. Gastroenterology Associates of Tidewater, PLLC is not responsible for missing/lost items.

Release of Information to Family Members

I, _____ (name) hereby authorize _____M.D, or authorized representative of Gastroenterology Associates of Tidewater to release pertinent medical information verbally to the following family member(s): _____

I may revoke this release at any time. Okay to leave a message on my home or cell phone: ___ Yes ____ No

I give permission to access my prescription history from external source: ____Yes ____No. **Initials _____**

I give permission for SMS communications (text messaging) : _____Yes ____ No. **Initials _____**

Signature: _____ **Signature Date**: _____

- If the above signature is not the patient's signature, please complete representative section below.

Witness Signature: _____

Personal Representative Information

I hereby acknowledge that I am the personal representative of the above-mentioned patient.

Printed Name of the Personal Representative: _____