Fresno Gastroenterology
A Member of Community Foundation Medical Group
& Part of Santé Health Foundation

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Phone (559) 323-8200

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I can review and receive a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available in the reception area, or website fresnogi.com. I may ask for a copy of this or any amended Notice of Privacy practices at each appointment.

Cancellation Policy

Effective October 1, 2017

As a courtesy to other patients, please notify us if you are unable to keep your appointment.

You may be charged a cancellation fee of $75.00 if you fail to cancel within 3 business days of a procedure related appointment, and $50.00 for an office appointment. Your insurance may not cover this fee.

Race: Asian/A Asian Pacific/F African-American/B Caucasian/C
Hispanic/H Alaskan/I Native American/G Other/E

Ethnicity: Latino/Hispanic/L Other/O Not Reported/Refused/N

Language: _____

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- □ Parent or guardian of minor patient
- □ Guardian or conservator of an incompetent patient
- □ Beneficiary or personal representative of deceased patient

Name of Patient: _____