



**Bay Area Houston**  
Gastroenterology Associates

Stephen C. Marcum, M.D.  
Richard M. Warneke, M.D.

Board Certified in Gastroenterology

**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICE**

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Signature of Patient or Guardian

Date

**Clinic Use Only**

Bay Area Houston Gastroenterology Associates, P.A., made the effort to obtain the above referenced individual's written acknowledgement of the Notice of Privacy Practices:

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Signature of Employee

Date

Person or Persons who are involved in your care (family, "spouse", friends, other doctors, etc) may inquire about your treatment, lab results, prescriptions, or billing information. Please specify below with whom we can share this information. ***IF THEY ARE NOT ON THIS LIST, WE CANNOT SPEAK WITH THEM REGARDING YOUR HEALTHCARE OR ACCOUNT.***

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

What other ways may we contact you? From time to time we will need to leave a message for you (as stated in our Notice of Privacy Practices) on answering machine, voice mail, or another individual in your absence. Is it OK to leave a message that includes specific details (such as diagnosis and medication information) at the number you have provided below?

Home Number \_\_\_\_\_ YES or NO

Work Number \_\_\_\_\_ YES or NO

Cell Number \_\_\_\_\_ YES or NO