CONSENT FOR TREATMENT AND FOR THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR THE TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS

I understand that as part of my healthcare, Gastroenterology Clinic of Acadiana, LLC creates and maintains health records describing my health history. I understand the Gastroenterology Clinic of Acadiana, LLC may use this information as:

1. A basis for planning my care and treatment,
2. A means of communication among many health professionals who contribute to my care,
3. A means by which third-party payers can verify that services billed were actually provided,
4. A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals, and
5. A means by which licensing, accreditation, and regulatory agencies can verify that appropriate quality services are provided.

I consent to treatment at Gastroenterology Clinic of Acadiana, LLC under the care of Dr. Stephen G. Abshire and Dr. James N. Arterburn, their associates, partners, assistants, or designees. I consent to any or all outpatient care, which encompasses the following as ordered by my physician: interview, physical examination, x-ray examination or fluoroscopy, laboratory procedures, diagnostic procedures, conscious sedation or local anesthesia, and nursing or medical treatment which my physician may deem necessary or advisable.

I consent to the use and disclosure of my personal health information by Gastroenterology Clinic of Acadiana, LLC for the purposes of treatment, payment, and healthcare operations. I authorize Gastroenterology Clinic of Acadiana, LLC to apply for benefits on my behalf of covered services. I request payment from my insurance company be made directly to Gastroenterology Clinic of Acadiana, LLC.

Patient Signature: ____________________________________ Witness: ________________________

If patient is a minor or unable to sign:

Patient Representative: ________________________________Relationship:_____________________

Printed Name of Patient: ________________________________ Date: ________________________