

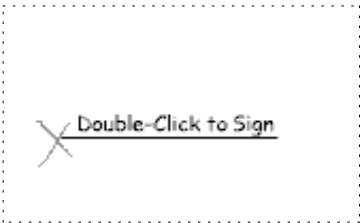
GRANITE PEAKS GASTROENTEROLOGY

9829 S. 1300 E. STE. 300 / 303 / Sandy, Utah 84094 / Ph. 801-619-9000

I hereby acknowledge that I have read and/or received a copy of Granite Peaks Gastroenterology's Privacy Act Notice.

- On the date I received health care services to me or
- As soon as reasonable following my emergency treatment.

I further acknowledge and understand that if I have any questions about Granite Peaks Gastroenterology's privacy practices, I may contact the office for further information as set forth in the Notice.

Name of Patient:	<u><<Patient>></u>	Patient Representative and Relationship:	_____
Signature of Patient (or Representative):	<div style="border: 1px dashed gray; padding: 10px; display: inline-block;"></div>	Date:	<u><<Date>></u>