Eau Claire
G.I. ASSOCIATES
YOUR GASTROINTESTINAL SPECIALISTS
3940 Oakwood Hills Parkway, Suite #2
Eau Claire, WI 54701

Paul J. Ruh, M.D.
Shawna Schantner, PA-C

Phone: 715-552-7303
Fax: 715-552-7355

Written Acknowledgement of Receipt

I, _____, acknowledge that I have received the written
Print patient name

Notice of Privacy Practices from Eau Claire GI Associates, S.C. as a new patient and annually thereafter.

_____ Date:____/_____ /____
Signature of Patient Name or Personal Representative

_____
If Personal Representative, describe relationship to patient

☐ The patient's condition prohibits the individual from signing an acknowledgement at this time. It will be obtained as reasonably practicable after the patient's condition improves.

☐ Acknowledgement was unable to be obtained. Reason: _____
_____
_____
_____

_____ Date:____/_____ /____
Employee signature

If there is anyone that would be calling other than you, for questions on your bill or about your medical treatment, please list them below, which authorizes us to release your information:

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship