



Digestive Care Center

+ DIGESTIVE URGENT CARE

Consents and Notifications

DOCTORS
 Gardar Gislasen, MD
 Donald M. Bailey, MD
 Vajravel M. Prasad, MD
 Srinivasan D. Rao, MD
 Michael B. Rusche, MD
 Ahmed S. Khan, MD
 Rebecca G. Carey, MD
 Aaron J. Pugh, DO
 Michael C. Snyder, MD
 Joseph H. Haseman, MD (1966-2009)
 Cesar A. Bello, MD (1955 – 2012)

EMERITUS
 Herman F. Rusche, MD
 J. Dennis Guletz, MD
 William F. Johnson, MD

NURSE PRACTITIONERS
 LaDonna Pfetscher, ACNP
 Wen Cai, ACNP
 Sarah Long, ACNP
 Rachael Drake, ACNP
 Aaron Holderman, ACNP
 Katie Gerlach, ACNP
 Amber Graber, FNP
 Krista Land, FNP
 Stephanie Green, ACPN

Patient Name: _____ Date of Birth: _____ Acct. #: _____

In consideration of services delivered by Digestive Care Center and the Gastrointestinal Endoscopy Center, the undersigned indicates acknowledgement, understanding, and agreement to the following by initialing and signing:

Financial Disclosure (Signature required by the State of Indiana)

The physicians of Digestive Care Center have a financial interest in the Gastrointestinal Endoscopy Center and Anesthesia Care Associates, LLC. If you require an outpatient procedure while you are a patient of Digestive Care Center, PC, you may choose to be referred to a healthcare entity other than the Gastrointestinal Endoscopy Center.

_____ Initial

Governing Law Notification

Please be advised that in consideration for the agreement to treat the undersigned patient, the patient hereby agrees that Indiana law will govern all aspects of the relationship between the patient and the physician(s) and/or other health care providers employed by or associated with Digestive Care Center whether the patient has been treated in the office or in a hospital setting. Specifically, any claim that may arise from the patient's treatment by the physician's and/or other health care providers of Digestive Care Center will be governed by Indiana procedural and substantive law. The agreed venue for any such claim will also be Indiana.

_____ Initial

I have been given the opportunity to review Digestive Care Center and the Gastrointestinal Endoscopy Center's Notice of Privacy Practices.

_____ Initial

I agree to have Digestive Care Center and the Gastrointestinal Endoscopy Center's physicians and staff leave appointments, simple results and instructions at the following phone numbers:

_____ Initial

I authorize Digestive Care Center and the Gastrointestinal Endoscopy Center to disclose or provide my protected health information to the following individual who is authorized to act as my personal representative for the purposes of receiving all protected health information about myself. As my designated personal representative, they may exercise my right to inspect, copy, and correct my protected health information. They may also consent or authorize the use or disclosure of my protected health information.

EVANSVILLE

T: (812) 477-6103
 F: (812) 477-4897

Medical Office Building West
 801 St. Mary's Drive, Suite 205 W
 Evansville, IN 47714

 Name of Personal Representative

 Phone Number

JASPER

T: (812) 556-5048
 F: (812) 556-5054

 Signature of Patient/Legal Representative

 Date

 Print Name (Person Responsible for Payment)

825 W 13th Street
 Jasper, IN 47546