



# Digestive Care Center

## DOCTORS

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

### Consents and Notifications

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ Acct. #: \_\_\_\_\_

In consideration of services delivered by Digestive Care Center and JESC (Jasper 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 JESC and JACA (Jasper Anesthesia Care Associates LLP). 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 JESC.

#### 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**

\_\_\_\_\_ **Initial**

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

\_\_\_\_\_ **Initial**

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

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ **Initial**

I authorize Digestive Care Center and JESC 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

\_\_\_\_\_  
 \_\_\_\_\_

Name of Personal Representative

**Phone Number**

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

\_\_\_\_\_  
**Signature of Patient/Legal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name (Person Responsible for Payment)**

## JASPER

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