

Authorization For Release of Information *Digestive Health SmartBrief*

PATIENT NAME: _____

E-MAIL ADDRESS: _____

*Please print neatly in **BLOCK CAPITALS**, such as "MSMITH99@EMAIL.COM"*

PHYSICIAN: _____

Physician Name

City and State

I hereby request and authorize my physician to release and disclose my name, my e-mail address, and the name of my physician to SmartBrief, Inc., the publisher of *Digestive Health SmartBrief*.

This disclosure is made for the purpose of subscribing me to *Digestive Health SmartBrief*.

About *Digestive Health SmartBrief*:

- *Digestive Health SmartBrief* is a free, e-mail service containing news and information about digestive health. Subscribers receive the newsletter Wednesday of each week.
- *Digestive Health SmartBrief* is provided by the American College of Gastroenterology for the patients of its member physicians.
- *Digestive Health SmartBrief* contains advertising and sponsorships from companies who wish to communicate with the digestive health community. No revenue or any other form of compensation is paid to the member doctors of ACG in conjunction with this service.

My rights:

This authorization may be revoked at any time by writing to my physician unless action has already been taken in reliance on this authorization. This authorization expires once my physician has transferred my information described above to SmartBrief, Inc.

I understand that, once subscribed to *Digestive Health SmartBrief*, I may unsubscribe at any time by using the "Unsubscribe" feature available in the "Subscriber Tools" section of every newsletter.

I understand that my physician may not condition treatment on whether I sign this authorization.

I understand that information disclosed based on this authorization may be subject to re-disclosure by the recipient and no longer protected by federal HIPAA privacy regulations. SmartBrief's privacy policy is available for review on its website: www.smartbrief.com

Signature: _____

Date: _____

This form is for use of the individual subscribing to the newsletter. If you are the personal representative of someone wishing to subscribe, please refer to www.digestivehealthsmartbrief.com for more information.

For Practice Use:

Maintain this authorization in the patient's file. Three methods for registering a patient:

1. Register patient online at <http://www.digestivehealthsmartbrief.com>
2. Fax copy of this authorization with cover page to Colin Sellar at (202) 737-7577.
3. Mail copy to Colin Sellar, SmartBrief, Inc., 1100 H St., NW, Suite 1100, Washington, DC 20005

For options 2 and 3, please ensure legibility of patient information before sending.