



CAPE AND ISLANDS
ENDOSCOPY CENTER

**Notice of Privacy Practices and
Patient Rights Acknowledgement**

Please visit our website at www.capescope.com to view/download our Notice of Privacy Practices and Patient Rights. You may also receive a copy of these at the center from our receptionist.

_____ I acknowledge that I have reviewed/received The Notice of Privacy Practices for the Cape and Islands Endoscopy Center.

_____ I acknowledge that I have reviewed/received The Patient Rights for The Cape and Islands Endoscopy Center.

Print Name: _____

Date: _____

Signature: _____