

ADVANCED SURGICAL CENTER

ACKNOWLEDGEMENTS

I HAVE RECEIVED THE PATIENT RIGHTS AND RESPONSIBILITIES INCLUDING INFORMATION ON WHOM I MAY VOICE COMPLAINTS/GRIEVANCES TO.

I HAVE RECEIVED THE FACILITY'S POLICY ON ADVACNED DIRECTIVES.

I HAVE NOT PROVIDED AN ADVANCE DIRECTIVE FOR MY MEDICAL RECORD

I HAVE AN ADVANCE DIRECTIVE IN EFFECT AND I HAVE PROVIDED THE CENTER WITH A COPY

I AM AWARE OF THE PHYSICIAN OWNERSHIP/FINANCIAL INTEREST OF THE FACILITY AND THAT I CAN REQUEST A COPY.

I HAVE RECEIVED A COPY OF THE PATIENT'S NOTICE OF PRIVACY PRACTICES.

I hereby acknowledge that I have received, read, and understand the Patient Rights and Responsibilities, policy on Advance Directives, Physician Ownership Disclosure, and the Patient's Notice of Privacy Practices.

Date

Patient/Patient Representative Signature