

THE SURGERY CENTER OF SANTA ROSA

7. Patient Acknowledgement Letter

Medical Conditions of Coverage for Ambulatory Surgery Centers Patient Acknowledgement of Information Received

Dear Patient: Please sign and date this acknowledgement and either mail, fax, or bring to The Surgery Center on your surgery date.

We are delighted that you have chosen The Surgery Center for your surgery. The State of California requires that you receive documentation of the following items prior to your surgery which has been provided in this packet:

- Patient Rights and Responsibilities
- Advance Directives Information
- Physician Ownership Disclosure
- Notice of Privacy Practices

I certify that I have received verbal information and written documentation of the above items in advance of the date of my scheduled procedure.

Furthermore, I understand that this information is being provided for my benefit and that should I have any questions regarding its content, I should contact The Surgery Center of Santa Rosa for clarification.

Patient or Guardian Signature

Date