



SAND LAKE SURGERY CENTER

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have been offered a copy of Sand Lake Surgery Center's Privacy Notice. I am aware that this consent is only for the procedure taking place on this date of service.

Patient's Signature/Patient's Representative

Date

If a patient's representative's signature appears above, please describe the representative's relationship to the patient: _____

I authorize Sand Lake Surgery Center's staff and physicians to speak with:

Name

Tel. Number

None regarding my surgical treatment

Sand Lake Surgery Center Representative

Date

Below-Provider Use Only Document of Good Faith Effort

The patient identified above was provided a copy of the provider's Privacy Notice on this date. A good faith effort has been made to obtain a written acknowledgment of the patient's receipt of the Privacy Notice. However, acknowledgment has not been obtained because:

Patient refused to sign the Privacy Notice Acknowledgment

Patient was unable to sign because:

There was a medical emergency. Provider will attempt to obtain acknowledgment as soon as practical.

Other reason, described: _____