

**ACKNOWLEDGEMENT PAGE**

* I acknowledge that I have received a copy of the Privacy Notice.
* I acknowledge that I received verbal and written notice of the Patient’s Bill of Rights and Responsibilities prior to the day of my procedure.
* I acknowledge that I received verbal and written notice of the poly regarding Advance Directives prior to the day of my procedure.
* I acknowledge that I received verbal and written notice of the policy regarding Disclosure of Ownership Interest prior to the day of my procedure.

*North Pinellas Surgery Center (NPSC) CANNOT accept responsibility for personal valuables. All valuables should be left at home as instructed by the pre-admission testing nurse during the phone conversation prior to your procedure. If valuables were brought to NPSC, you have been instructed to give to relatives/friends prior to going to the procedure area. NPSC will not be responsible for valuables retained by the patient.*

* I acknowledge that North Pinellas Surgery Center shall not be liable for loss or damage to personal property. I accept full responsibility for all personal property/valuables, monies, jewelry, cell phones or any other personal belongings.

***I have read these statements and they have been fully explained to me, and I certify that I understand it’s contents.***

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Patient (or Personal Representative) Signature Date

If Personal Representative’s signature appears above, please describe Personal Representative’s relationship to patient.

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