



Acknowledgement of Receipt of Privacy Practices

I, _____, hereby acknowledge that I have received a copy of the Notice of Privacy Practices given to me by _____ from the UroCenter.

Signed: _____ Date: _____

I hereby give permission for the following people to have access to any information regarding my stay here:

FOR OFFICE USE ONLY:

If not signed, reason why acknowledgement was not obtained:

Acknowledgement of Receipt of Designated Information

I hereby acknowledge that prior to the date of service, I have received the following information in language I understand and have been given an opportunity to ask any questions concerning this information.

- Advanced Directives
- Investor interest in the UroCenter
- Patient Rights and Responsibilities
- Grievance Process
- Received Patients Bill of Rights
- Organ Donation— Yes No

Signed: _____ Date: _____

Advanced Directive Acknowledgement

Please read the following statements and place your initials after each statement.

1. I have been informed of my rights to formulate Advanced Directives. _____
2. I understand that I am not required to have an Advanced Directive in order to receive medical treatment at this healthcare facility _____
3. I understand that the terms of any Advance Directive that I have executed will not be honored by this healthcare facility. _____

Please check one of the following statements

I HAVE executed an Advanced Directive.

Disposition of Advanced Directive if not on chart (check one of the boxes below):

- Home Attorney's Office Lock Box Other _____

I HAVE NOT executed an Advanced Directive.

Copy of Tennessee Advance Care Plan given to Patient at Patient's request.

Signed: _____ Date: _____