

# Patient Notification and Acknowledgement

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**I have received copies of and understand:**

- **The *HIPAA Privacy Policy***
- **My *Patient Rights and Responsibilities***

**Financial Disclosure**

Green Valley Surgery Center (GVSC) is privately owned and has informed the patient prior to the date of the procedure that their physician may have a proprietary interest in this facility. You have the right to choose the facility of his/her choice for health related services. Physicians with financial interest or ownership in Green Valley Surgery Center: Dr. Helga Pizio, Dr. Brian Alder, and Dr. Darrick W. Neibaur.

**Advance Directives**

Green Valley Surgery Center is limited to elective outpatient surgical procedures. It is our policy to respond to any life-threatening situation that should arise while you are a patient in our facility with life-sustaining measures. EMS will also be activated for emergency patient transport to a hospital facility. The patient's right and need to be an active participant in the decision making process regarding their care is recognized and respected. Acknowledgement of this policy does not revoke or invalidate any current health care directive or health care power of attorney.

**Please check the appropriate box regarding advance health care directive, living will and/or a power of attorney:**

- Yes**, I have one:  provided to GVSC  on file (at home and/or with PCP).
- No**, I do not. GVSC has given/offered me more information and the opportunity to have my questions addressed.

**By signing this document, I acknowledge that the above information was given to me prior to my surgery and is correct.**

\_\_\_\_\_  
**Patient Signature** (If signing for patient, please indicate relationship)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**

Patient Sticker