

**NOVAMED SURGERY CENTER OF SEBRING
ACKNOWLEDGMENT OF RECEIPT**

I acknowledge that I have received the following forms:

- Verbal / Written Patient Rights Given**
- HIPPA Privacy Notice**
- Patient Grievance Form**
- Advanced Directives (if requested)**
- Preventing Surgical Site Infections**
- Get Involved In Your Care**

**Patient or Personal Representative
Signature**

Date

Patient Name

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient:

I also received a copy of the Novamed Surgery Center of Sebring brochure and information sheet prior to my surgery.