

**Memphis Surgery Center
1044 Cresthaven Road
Memphis, TN 38119
901-682-1516**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Memphis Surgery Center will use and disclose your personal health information to treat you and to receive payment for the care we provide. We provide healthcare operations information as required by the city, state, and federal laws.

Healthcare operations generally include those activities we perform to improve our patient quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our polices about our personal health information.

The terms of the notice may change with time and we will always post the current notice at our facility and have copies available for distribution.

I, _____, have received a copy of Memphis Surgery Center's NOTICE OF PRIVACY PRACTICES.

_____ Date: ____/____/____
Patient Signature

Office Use Only

We attempted to obtain written acknowledgement of receipt of our NOTICE OF PRIVACY PRACTICES, but the acknowledgement could not be obtained due to:

_____ *Individual refused to sign*

_____ *Communication barriers prohibited obtaining the acknowledgement*

_____ *An emergency situation prevented us from obtaining acknowledgement*

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT