

# TULLAHOMA SURGERY CENTER

## Acknowledgement

### Notice of Privacy Practice (patient initials) \_\_\_\_\_.

I acknowledge that a copy of the Notice of Privacy Practice for the Tullahoma Surgery Center has been made available to me. In connection with the Notice, I also acknowledge that I have been provided with an opportunity to ask questions regarding such. By signing below, I authorize the Tullahoma Surgery Center's Staff and/or physicians to discuss any medical issues concerning myself to the following individuals. (please list relationship to patient).

\_\_\_\_\_

\_\_\_\_\_

### \* Patient Rights and Responsibilities (patient initials) \_\_\_\_\_.

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### \* Advance Directives (patient initials) \_\_\_\_\_.

An Advance Directive is a pre-determined, documented, and witnessed decision on the part of a patient and/or patient's designated attorney in fact regarding orders for non-resuscitative measures in the event of a life threatening occurrence. Such directives include, but are not limited to, Living Wills or Do Not Resuscitate (DNR) orders.

It is the policy of the Tullahoma Surgery Center, to not honor the stipulations of an Advanced Directive/Living Will. Therefore, appropriate emergency procedures will be taken to resuscitate patients and transfer to an appropriate facility.

If you do have an Advanced Directive or Living Will and wish to provide us with a copy of the document, we will place a copy in our medical record. In the event a transfer to a hospital is required a copy will be forwarded to the hospital.

### Grievance (patient initials) \_\_\_\_\_.

I acknowledge that in the event of any concerns or Grievance about the Tullahoma Surgery Center, I can SPEAK UP and contract the facility Administrator, Office Manager, State of Tennessee, Medicare, Joint Commission or USPI. Numbers listed in the Center Brochure.

### \* Ownership of the Tullahoma Surgery Center (patient initials) \_\_\_\_\_.

I acknowledge I have been given the Tullahoma Surgery Center brochure which has a list of owners of the Tullahoma Surgery Center.

### \* I Acknowledge that I have received this in advance.

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
DATE



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