



Prior to the date of surgery, I have received information in language I understand and been given an opportunity to ask questions about:

- Patient is aware we will resuscitate as necessary in the event of deterioration.
- My physician's ownership in the ASC
- Patient Rights and Responsibilities

\_\_\_\_\_  
Pt Initials

**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 facility will resuscitate in the event of deterioration.

\_\_\_\_\_  
Pt Initials

\_\_\_\_\_  
Pt Initials

\_\_\_\_\_  
Pt Initials

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.

**Acknowledgement of Receipt of Privacy Practices**

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the Privacy Practices given to me by the Baptist Germantown Surgery Center.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

If not signed, reason why acknowledgement was not obtained:

\_\_\_\_\_