

## Patient Acknowledgment of Information Received

Dear Patient:

We are delighted that you have chosen Performance Surgery Center, LLC for your elective procedure/surgery. We are required that you receive documentation of the following items prior to your surgery.

- ☐ Patient's Rights and Responsibilities
- ☐ Advance Directive Information
- ☐ HIPAA

Please sign below:

I certify that I have received verbal information and written documentation of the above items, in advance of the date of my scheduled procedure.

Furthermore, I understand that this information is being provided for my benefit and that should I have any questions regarding its content; I should contact Performance Surgery Center, LLC for clarification.

---

Patient's Signature

---

Date

---

Time