

*Village Specialty Surgical Center
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San Antonio, TX 78217
210/477-1775
Fax 210/568-6963*

Patient Attestation of Receipt of Information for CMS Regulations

I received information in the language I understand about:

1. ____ ADVANCE DIRECTIVES
2. ____ MY RIGHTS AND RESPONSIBILITIES AS A PATIENT
3. _____ COMPLAINTS AND GRIEVANCE PROCESS

Patient/Guardian/Parent/Representative Signature: _____

Date: _____

Witness Signature: _____

Date: _____

For Office Use Only

Patient Name: _____

Daytime Phone Number: _____

PhysicianName: _____

Date of Surgery: _____

Please fax form to ATTN: Paulette at 210/568-6963