

## Acknowledgement of Receipt of Facility Information and Policies

Patient has been provided the following Information:

1. Certification of Receipt - Disclosure of Physician Ownership:
  - Eye Surgery Center of Lenoir City, LLC is a for-profit facility.
  - The following list of physicians have financial interest or ownership in this facility:
    - Thomas A. Browning, MD
    - Matthew D. Lowrance, DO
2. Certification of Receipt - Copy of Patient Rights and Responsibilities
3. Certification of Receipt - Copy of Advanced Directive Policy  
Eye Surgery Center of Lenoir City, LLC, notified me in advance of their Advance Directive Policy, and furthermore:
  - I Do Not have an Advanced Directive.
  - I Do have an Advanced Directive and have provided a copy to the Eye Surgery Center of Lenoir City, LLC.
  - I Do have an Advanced Directive but have Not provided a copy to the Eye Surgery Center Lenoir City, LLC.
4. Certification of Receipt - Notice of Privacy Practices for Protected Health Information (PHI)
  - I have received a copy of the Notice of Privacy Practice (PHI)
  - I understand the Notice of Privacy Practices (PHI) is subject to change and that a revised copy may be obtained upon request

By signing this form, the patient acknowledges the receipt of the information as noted above.

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Signature

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Date