

Surgical Hospital of Oklahoma  
100 S.E. 59<sup>th</sup> Street  
Oklahoma City, OK 73129

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES\*, PATIENT RIGHTS BOOKLET,  
AND, IF APPLICABLE, MEDICARE INFORMATION**

• You may refuse to sign this document \*

*Surgical Hospital of Oklahoma will use and disclose your personal health information to treat you, to receive payment for the care we provide, and for other health care operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies about your personal health information. The terms of the notice may change with time and we will always post the current notice at our facility and will have copies available for distribution.*

**I, \_\_\_\_\_, have received a copy of this facility's Notice of Privacy Practices, Patient Rights Booklet, and, if applicable, Medicare information.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Representative (Please Print Name)

*This is the person(s) that you give permission to speak to the facility concerning your treatment and/or bills.*

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but the acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_

**YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT**

Include completed consent in the patient's Medical Record