



**ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION**

We are required by law to provide you with copies of the listed information prior to the date of your scheduled procedure at our facility. We are also required to have your signed acknowledgement that you received the information regarding each of the areas listed and this must be signed 24 hours **PRIOR** to the date of your procedure.

**WE MUST HAVE THIS SHEET WITH YOUR SIGNATURE IN EACH AREA, DATED 24 HOURS BEFORE THE DATE OF YOUR PROCEDURE. WE WILL HAVE TO CANCEL YOUR PROCEDURE IF WE DO NOT HAVE THIS PAPER IN YOUR CHART PRIOR TO YOUR EXAM!!!! IF YOU WERE MAILED YOUR PACKET INSTEAD OF HAVING AN OFFICE VISIT – BRING THIS SIGNED AND DATED PAPER WITH YOU WHEN YOU COME HERE FOR YOUR PROCEDURE. IF YOU SCHEDULED YOUR PROCEDURE DURING AN APPOINTMENT AT THE PHYSICIAN’S OFFICE, YOU SHOULD HAVE SIGNED IT THERE AND WE WILL HAVE IT IN YOUR CHART.**

THIS ACKNOWLEDGEMENT WILL BE RENEWED ANNUALLY, OR ANY TIME THAT INFORMATION IN THE REQUIRED DOCUMENTS ARE CHANGED OR UPDATED.

**Please sign and date EACH section below:**

**I received and have read, or have had read to me, a copy of Lafayette General Endoscopy Center’s:**

POLICY	SIGNATURE	DATE
<b>PRIVACY PRACTICES</b>		
<b>GRIEVANCE POLICY</b>		
<b>RIGHTS AND RESPONSIBILITIES</b>		
<b>ADVANCE DIRECTIVES</b>		
<b>DISCLOSURE OF OWNERSHIP</b>		
<b>INFECTION CONTROL POLICY</b>		