



sierra ambulatory surgery center LLC

400b sierra college drive **grass valley, ca** 95945

phone 530.272.3428

fax 530.272.3429

email sierraasc@gmail.com

Acknowledgment of Receipt of Perioperative Information

1. Patient's Rights & Responsibilities/Grievance Information

2. Financial Disclosure Statement

3. Cancellation Policy (Financial Policy)

4. Patients Financial Responsibility (Financial Policy)

5. Advanced Directive/Medical Power of Attorney

6. Privacy Policy Rights

*Please initial above lines

I have received all of the above information in a timely fashion prior to the day of my surgical procedure.

I have read, understand and agree to the above information, instructions and policies and have had all questions pertaining to these topics answered satisfactorily.

Patient Signature

Initials

Date

7. Discharge Instructions (To be signed post-operatively)

Date of Service	Patient / Caregiver Signature	RN

Keith Mercer, M.D.

Matthew Zealear, M.D.

John Hagele, M.D.

Gregory Porter, M.D.