

Acknowledgement

I hereby acknowledge that I have reviewed the Mountain West Surgical Privacy Notice.

Signature: _____ Date: _____

Print Name: _____

Acknowledgement Refused

On this date, the undersigned patient refused or failed to acknowledge review of the Mountain West Surgical Privacy Notice.

Date: _____

Name of Patient: _____

Reason for refusal/failure: _____

Signature of Provider Employee: _____