

COLORECTAL SURGERY SERVICES, PLLC

Physician's Plaza I
19016 Stone Oak Parkway, Suite 150
San Antonio, TX 78258
Office: (210) 490 – 2828 Facsimile: (210) 490 – 0505

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, _____ have received a copy of Colorectal Surgery
Patient Name

Services Notice of Privacy Practice's.

Signature

Date

Colorectal Surgery Services, PLLC was unable to obtain acknowledgement because:

- Emergency
- Patient Sedated or Non-responsive
- Patient Confused / Disoriented
- Patient Refused – Reason: _____
- Other: _____