

GULF SOUTH SURGERY CENTER, LLC
Patient Authorization Form

Dear future patient,

We are glad that you will be visiting our center. It is our obligation to inform you prior to your surgery about your Rights and Responsibilities as a patient. In addition, we will be contacting you prior to surgery in order to obtain needed information about your health and to inform you about your financial obligations, if any. We are not permitted to leave any detailed information on your machine nor discuss any of your personal health or financial information with anyone but you unless stated below. In order to make the process as easy as possible for all parties, we ask that you review and complete the information below. **Please bring this form completed to the surgery center on the date of your procedure or surgery.** We look forward to taking care of you!

By signing this agreement you understand and agree to give Gulf South Surgery Center and/or any organization providing appointment notification, billing or collection services on behalf of Gulf South Surgery Center the right to contact you and/or any person you designate herein through any phone number, or e-mail address you provide. Gulf South Surgery Center may contact you in person over the phone and/or through automated voice, e-mail and text message systems.

1. Prior to surgery, I received a copy of Gulf South Surgery Center LLC Patient Rights and Responsibilities verbally and written.

Patient/Surrogate Signature Printed Name Date

2. I authorize that a representative from Gulf South Surgery Center, LLC may leave information about my visit &/or financial information when calling the number(s) below:

Number and location

Number and location

Number and location

3. I authorize any person listed below to discuss health &/or financial information regarding my procedure:

Name (Please Print) Relation

Name (Please Print) Relation

Name (Please Print) Relation