



Outpatient
Surgery
Center
of Central Florida

**Lakewood CCL Packet
Acknowledgment of Policies and Procedures**

- Notice of Privacy Practices Page 6-10
- Patient Rights and Responsibility Page 11-12
- Financial Policy Page 13-15
- Non-Discrimination Policy Page 16-17
- Transparency in Healthcare Page 18-20
- Physician Financial Ownership Page 21
- Website, Marketing and Media Policy Page 22-23
- Advance Directive Page 24-27
- Medication Management Page 28

My signature below indicates that I have read and understood the above Policies and Procedures and that I have had the opportunity to ask questions with the understanding of the answers.

Signature: _____ **Name** _____ **Date** _____