

COLORECTAL SURGERY SERVICES, PLLC HEMORRHOID INSTITUTE OF SOUTH TEXAS

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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: _____