

**ALLEGHENY PAIN MANAGEMENT
ALLEGHENY SURGERY CENTER
NOTICE OF PRIVACY PRACTICES**

Allegheny Pain Management/Allegheny Surgery Center has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information, how you can access your protected health information, and other rights concerning your protected health information. My signature below indicates that I have been given a copy of Allegheny Pain Management/Allegheny Surgery Center's Notice of Privacy Practices.

I give permission for release of my medical records and billing information to the following:

Name _____ Relationship to you _____

Name _____ Relationship to you _____

Name _____ Relationship to you _____

Additional Notes/Comments/Restrictions: _____

PATIENTS' RIGHTS AND RESPONSIBILITIES

My signature below indicates that I have been given a copy of Allegheny Pain Management/Allegheny Surgery Center's Patients' Rights and Responsibilities.

FINANCIAL INTEREST DISCLOSURE

Allegheny Pain Management/Allegheny Surgery Center is a physician-owned facility. You are free to have your procedure completed at an alternate facility should you choose to do so. This choice will in no way affect your relationship with your physician. The physician listed below has a financial interest in this center.

Dr. Michael J. Drass

My signature below indicates acknowledgement and receipt of financial interest disclosure.

Print Name of Patient _____

Signature of Patient/Patient Representative/Surrogate

Date

Time