RSA SURGERY CENTER

HRC Fertility
huntington reproductive center medical group

I received information on Patient Rights and Responsibilities, Physician Ownership Disclosure, Advance Directive Policy, and the Grievance policy at least one day before my surgery.

Patient/Patient Representative Signature Date

I do not have an Advance Directive. Information has been offered to me.

Patient/Patient Representative Signature Date

I have an Advance Directive and will bring it on the day of my Procedure.

Patient/Patient Representative Signature Date