

# ***Bay Area Physicians Surgery Center***

6043 Winthrop Commerce Ave  
Riverview, FL 33578  
(813)699-1200  
(813)699-1201 *fax*

## **PATIENT DISCLOSURE STATEMENT**

You have been referred to the Bay Area Physicians Surgery Center (the center). Bay Area Physicians Surgery Center is physician owned. Your doctor may have a financial interest in our facility, which allows them to have a voice in determining the policies and procedures of this facility. If you have questions please ask your physician or the center administrator.

Without recommending or endorsing them, set forth below are the names and address for two alternative sources of the items and services for which you have been referred here for.

**Brandon Regional Hospital**  
**119 Oakfield Drive**  
**Brandon, FL 33511**  
**Telephone: (813) 681-5551**

**South Bay Hospital**  
**4016 Sun City Center Blvd.**  
**Sun City Center, FL 33573**  
**Telephone: (813) 634-3301**

**X** \_\_\_\_\_

Patient Signature

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient. \_\_\_\_\_

## **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

I acknowledge that I have received the attached Privacy Notice.

**X** \_\_\_\_\_

Patient or Personal Representative

\_\_\_\_\_ Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient. \_\_\_\_\_

## **Acknowledgement of Receipt of Patient Rights and Responsibilities**

I acknowledge that I have received the attached Patient Rights and Responsibilities.

**X** \_\_\_\_\_

Patient or Personal Representative

\_\_\_\_\_ Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient. \_\_\_\_\_