COLUMBIA GORGE SURGERY CENTER (CGSC) 1020 WEBBER STREET THE DALLES, OR 97058 24 HOURS ADVANCED ACKNOWLEDGEMENT OF PRIVACY PRACTICES, PATIENTS RIGHTS AND RESPONSIBILITIES, ADVANCED DIRECTIVES, GRIEVANCE POLICY, AND OWNERSHIP I have reviewed Columbia Gorge Surgery Center's Notice of Privacy Practices. I received information on my Rights and Responsibilities, the centers policy on Advanced Directives, the Grievance Policy, and Ownership of the ASC.	
Signature:	Date:
HEALTH INFORMATION DISCLOSURE I voluntarily consent to the disclosure of my health information to the following:	
NAME	RELATIONSHIP
Signature:	Date:
* Legal Notice - CGSC cannot disclose nor discuss <u>any</u> information pertaining to your surgery case with anyone but you (the patient) unless this section is completed (including patient signature) and on file with CGSC *	

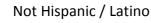
Oregon Law requires that all Licensed Free-Standing Ambulatory Surgery Centers collect Race and Ethnicity data. This information is used for State and Federal reporting.

patient label

ETHNICITY (CHOOSE ONE ONLY)



Hispanic / Latino



RACE (CHOOSE ONE OR MORE)



Asian



Black or African American

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

White

Other