

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.

Patient Name: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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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 any 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 \***

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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.

ETHNICITY (CHOOSE ONE ONLY)

- Hispanic / Latino
- Not Hispanic / Latino

RACE (CHOOSE ONE OR MORE)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

patient label