

Acknowledgement of Receipt of Facility Information and Policies

Patient has been provided the following Information:

1. Certification of Receipt - Disclosure of Physician Ownership:

- Eye Surgery Center of Knoxville, LLC is a for-profit facility.
- The following list of physicians have financial interest or ownership in this facility:
 - Thomas A. Browning, MD
 - Stephen R. Franklin, MD
 - Kevin T. Gallaher MD
 - Casey J. Lowrance, DO
 - Matthew D. Lowrance, DO
 - Steven L. Sterling, MD

2. Certification of Receipt - Copy of Patient Rights and Responsibilities

3. Certification of Receipt - Copy of Advanced Directive Policy

Eye Surgery Center of Knoxville, LLC, notified me in advance of their Advance Directive Policy, and furthermore:

- I Do Not have an Advanced Directive.
- I Do have an Advanced Directive and have provided a copy to the Eye Surgery Center of Knoxville, LLC.
- I Do have an Advanced Directive but have Not provided a copy to the Eye Surgery Center Knoxville, LLC.

4. Certification of Receipt - Notice of Privacy Practices for Protected Health Information (PHI)

- I have received a copy of the Notice of Privacy Practice (PHI)
- I understand the Notice of Privacy Practices (PHI) is subject to change and that a revised copy may be obtained upon request

By signing this form, patient acknowledges the receipt of the information as noted above.

Signature

Date