

ACKNOWLEDGEMENT OF REVIEW - **NOTICE OF PRIVACY PRACTICES**

I have reviewed the ***Notice of Privacy Practices*** for Central Texas Surgical Associates, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

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**Patient Signature or Personal Representative Relationship Date**

**Notice to patients – Pain Medication Refill Policy**

Due to a change in the Controlled Substance Act (a Federal regulation) combination hydrocodone products (which are commonly given following surgical procedures) will now require a special controlled substance prescription and no refills on that prescription are allowed.

*The policy of Central Texas Surgical Associates is:*

No controlled prescription will be refilled after hours Monday through Friday or on week-ends.

***I am aware of this policy and should I require a refill of my pain medication, I will contact my physician’s office and make arrangements to pick up a controlled substance Rx during regular business hours.***

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**Patient Date**

**Notice to patients – Electronic Recording Devices**

To ensure confidentiality and privacy, any type of electronic recording device is strictly prohibited at any location within these offices.

**Patient Acknowledgement**

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**Patient Date**