

ASC
Acknowledgement Form

I have been given a copy of the Pediatric Specialists of Virginia ASC:

- **Notice of Privacy Practices & Statement of Patient Rights and Responsibilities**
- **Advance Directive Policy**
- **Complaints and Grievance Policy**

By signing this document, I acknowledge that I have had the opportunity to ask questions and have my questions answered and I understand the information provided.

Patient / Guardian / Surrogate Signature

Date