

**KISSIMMEE SURGERY CENTER**  
**RELEASE OF INFORMATION FOR SURGERY PATIENTS**

You are being scheduled for a procedure at Kissimmee Surgery Center on \_\_\_\_\_ . The time of the procedure will be determined before your date. Kissimmee Surgery Center will contact you on the day prior to your procedure with your arrival and procedure time. Due to the new HIPAA (Health Insurance Portability and Accountability Act), KSC is requesting that patients advise us on how this information may be relayed.

Please check the boxes that would apply to you.

I allow KSC to call my home and leave the message with anyone:

Home Telephone Number \_\_\_\_\_

I allow KSC to leave the message on my answering machine

I allow KSC to call me at work. Telephone number \_\_\_\_\_

I allow KSC to leave the message on my voicemail at work.

I allow KSC to leave the message only with \_\_\_\_\_  
at my home or \_\_\_\_\_ at my work.

I would like KSC to give the message only to me and no one else.  
Home Tel No. \_\_\_\_\_ Cell No. \_\_\_\_\_

If for some reason you have not heard from us by 2:00pm on the day prior to your procedure, please call us at (407) 870-0573 x 254.

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient/Guardian: \_\_\_\_\_