

CENTRAL PENN ENDOSCOPY CENTER
NOTIFICATION

PATIENT RIGHTS & RESPONSIBILITIES

I acknowledge that I have received, both verbally and in written format, the Central Penn Endoscopy Center's Patient's Rights information. Furthermore, I have had the opportunity to read the notice, ask questions regarding my rights as a patient and understand all information as presented.

FINANCIAL DISCLOSURE

I am aware that my physician DOES have a financial and ownership interest in the Central Penn Endoscopy Center. I acknowledge that I have selected to have my procedure performed at the Center after considering both my physician's financial interest in the Center and my choice to have the procedure performed at a different facility.

ADVANCE DIRECTIVES

I acknowledge that I have been informed that an Advance Directive does not apply during the time of procedure at Central Penn Endoscopy Center. I understand that all life saving measures will be taken during my procedure at the Center even if I have a fully executed Advance Directive to the contrary.

If I do have an Advance Directive at the time of my admission to Central Penn Endoscopy Center, and I provide a copy, it will be placed on my record.

In the unlikely event that an emergency arises, and I need to be transferred to a hospital for further care, my Advance Directives will be sent with my chart to the receiving hospital.

By my signature below, I acknowledge that I have received the aforementioned notices provided by Central Penn Endoscopy Center prior to the date of my procedure, or if my procedure has been scheduled the same day as my referral, I have received the notices prior to the Center obtaining informed consent for the procedure to be performed.

Print Name

Date

Signature

Time (complete only if receiving
notice on the same day as the referral
for procedure)