

Disclosures

I hereby acknowledge I have been advised in advance of the scheduled date of my procedure

Regarding the following surgery center practices and policies:

1. I have received a verbal explanation and have received a written copy of the Patient Bill of Rights. Initial: _____

2. I have received information regarding the facility financial Policies and I was offered a copy of the Facility Financial Policy. Initial: _____

3. I have received information regarding the facility Privacy and Confidentiality Policy. I was offered a written copy. Initial: _____

4. I have received information regarding the surgery center Advanced Directives policy. I was asked if I have Advanced Directives. Additionally, **I was advised whether I had Advanced Directives or not, The Advanced Directives would not be recognized at Belmont Surgery Center.** I was advised I could receive a copy of the official State advanced directives form and pursue legal advice to create my Advanced Directives. Initial: _____

5. I have been advised that Jules A Feledy, Jr., MD has ownership interest in Belmont Surgery Center, L.L.C. Initial: _____

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Relationship of Personal Representative to the Patient

Signature of Practice Representative and Witness