

PATIENT STATEMENT OF RESPONSIBILITIES

1. I will provide accurate information about present and past illnesses, hospitalizations, medications, allergies and “NPO” status.
2. I will make every attempt to understand the implications of my procedure, including risks of refusing treatment, and I will ask for clarification when needed.
3. I will arrive at the scheduled time or notify facility of inability to do so.
4. I will follow all discharge instructions.
5. I will be respectful of the rights of other patients and staff.
6. I will be respectful of others’ property.
7. I will immediately inform my physician of change in condition or adverse reaction.
8. I will have a responsible adult available to take me home and to care for me for 24 hours after my procedure.
9. I will be responsible for assuring that the financial obligations of my health care are fulfilled as promptly as possible.

I understand what my responsibilities are at the Great Basin Surgical Center and I will comply.

Patient Signature

Date

Witness Signature

Date

Patient Label