

Name \_\_\_\_\_

MR# \_\_\_\_\_

DOB \_\_\_\_\_

## PATIENT CONDUCT AND RESPONSIBILITY

1. To provide the healthcare providers with information about any past illnesses, hospitalizations, medications and other health matters.
2. To inform the healthcare provider of any Living Will/Advanced Directives and provide a copy.
3. To ask questions if you do not understand instructions or explanations given by the healthcare providers and/or staff.
4. To keep appointments as scheduled and to telephone the Endoscopy staff in case of a cancellation.
5. To follow healthcare providers instructions and plan of treatment.
6. To provide a responsible adult to drive you to and from the Endoscopy center for a sedated procedure.
7. To provide a 24 hour caregiver to stay with you after a procedure, if it is necessary.
8. To make payments for service rendered if a balance remains after insurance pays.
9. To discuss consequences of refusing treatment or not adhering to plan of treatment or leaving "against medical advice" (AMA), with your physician.
10. To refuse to participate in experimental research.
11. To refuse to allow care from a student or trainee.

IMA Endoscopy SurgiCenter physicians and staff encourage your participation in your care. If you or your family have any concerns related to your care, treatment, service, or patient safety while under our care, please discuss this with your physician or contact the Clinical Director/Administrator at 219-736-4660 ext. 138. If the issue cannot be resolved at this level, please contact the AAAHC at 847-853-6060; or the Indiana State Department of Health, Director of Acute Care, 2 North Meridian, Indianapolis, IN 46204; or by phone at 866-220-5810; or the Medicare Beneficiary Ombudsman at 800-MEDICARE, or online at [www.cms.hhs.gov/ombudsman/resources.asp](http://www.cms.hhs.gov/ombudsman/resources.asp)

By signing this document, I acknowledge that I have read and understand its contents.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date