

**BRYN MAWR MEDICAL SPECIALISTS
ENDOSCOPY ASSOCIATES
NOTIFICATIONS**

PATIENT RIGHTS & RESPONSIBILITIES

I acknowledge that I have received, both verbally and in written format, the Bryn Mawr Medical Specialists Endoscopy Associates (the Center) 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 may have a financial and ownership interest in Bryn Mawr Medical Specialists 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 option to have the procedure performed at a different facility.

ADVANCE DIRECTIVES

I acknowledge that I have been informed that Advance Directives will not apply during the time of my procedure at Bryn Mawr Medical Specialists 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 Advance Directives at the time of my admission to the 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 the Gastroenterology office at Bryn Mawr Medical Specialists Association prior to the date of my procedure. If my procedure has been scheduled the same day as my referral, my signature below acknowledges that 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 the
procedure)