

BRYN MAWR MEDICAL SPECIALISTS ENDOSCOPY CENTER

IMPORTANT NOTICES

PATIENT RIGHTS AND RESPONSIBILITIES

I acknowledge that I have received, both verbally and in written format, Bryn Mawr Medical Specialists 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 INTEREST DISCLOSURE

I am aware that Bryn Mawr Medical Specialists Endoscopy Center is a physician owned facility. The physicians listed below 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 Bryn Mawr Medical Specialists Endoscopy Center and I understand I retain the choice to have the procedure performed at a different facility.

Physician owners of Bryn Mawr Medical Specialist Endoscopy Associates:

- Jack A. Collazzo, M.D. license # MD052149L
- Jeffrey N. Retig, M.D. license # MD031650E
- Toan (Tom) T. Nguyen, M.D. license # MD428415
- Thomas J. McKenna, M.D. license # MD438041
- Michelle C. Springer, D.O. license # O5016299

ADVANCE DIRECTIVES

Bryn Mawr Medical Specialists Endoscopy Center acknowledges that all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. Bryn Mawr Medical Specialists Endoscopy Center respects and upholds those rights.

However, unlike in an acute care hospital setting, Bryn Mawr Medical Specialists Endoscopy Center does not routinely perform "high risk" procedures. While no procedure is without risk, most procedures performed in this facility are considered to be of minimal risk and of an elective nature. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your procedure.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney. If you wish to complete an Advance Directive, Bryn Mawr Medical Specialists Endoscopy Center staff can direct you to the appropriate state agency to do so. If you have an Advance Directive, you can provide a copy to the facility and in the unlikely event that an emergency arises, and transfer to a hospital for further care is needed, your Advance Directives will be sent with a copy of your chart to the receiving hospital.

(please **turn over**, date & sign)

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

HIPAA NOTICES OF PRIVACY PRACTICES

I acknowledge that I have received, both verbally and in written format, Bryn Mawr Medical Specialists Association's HIPAA Notices of Privacy Practices 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.

By my signature below, I acknowledge that I have received the aforementioned notices provided by Bryn Mawr Medical Specialists Department of Gastroenterology 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 Bryn Mawr Medical Specialists Endoscopy Center obtaining informed consent for the procedure to be performed.

Signature _____ Date: _____
Patient or Surrogate Signature

Printed Patient or Surrogate Name _____

If Surrogate, Relationship _____

***Time**

*Complete only if receiving notice on the same day as the referral for the procedure.