

THE UNDERSIGNED PATIENT OR GUARDIAN WAS INFORMED REGARDING THE FOLLOWING REQUIRED DOCUMENTS

1. Patient/Guardian received a copy of "The Patient's Rights and Responsibilities" for The Endoscopy Center of South Jersey.

YES _____ NO _____

2. Patient/Guardian received a copy of the "Notice of Privacy Practices" for The Endoscopy Center of South Jersey.

YES _____ NO _____

3. Does the patient have an Advanced Directive (Living Will, Durable Power of Attorney, or Proxy)?

YES _____ NO _____ **NOT APPLICABLE TO THIS ADMISSION**

4. If answer to number 3 is yes, did patient provide a copy on admission?

YES _____ NO _____

5. Written information regarding Advanced Directive was provided to patient?

YES _____ NO _____

PATIENT/GUARDIAN SIGNATURE

STAFF SIGNATURE

DATE _____

DATE _____