



FEMI-CARE SURGERY CENTER, LLC

Patient Responsibility Statement

- 1. For providing, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.*
- 2. For participating in health care decisions and following the treatment plan outlined by the practitioner responsible for your care. This includes following instructions of the physicians, nurses and other health care personnel carrying out the plan of care and enforcing the Center's rules and regulations.*
- 3. For assuring that the financial obligations of your health care are fulfilled as promptly as possible, and in the case of financial difficulty, making all reasonable efforts to meet any agreed-upon financial payment plan.*
- 4. For your actions if you refuse treatment or are non-compliant in following a plan of treatment recommended by your physician.*
- 5. For knowing the rules and regulations of the Center affecting your care and conduct, and for following the Center's rules and regulations.*
- 6. For being considerate of the rights of other patients, family members, visitors and Center personnel, and for assisting in the control of noise and smoking.*
- 7. For being respectful of the property of other persons and of the Center.*
- 8. For informing your physician, attending nurse, or other health care personnel, of any concerns or complaints you may have, including degree of, if any, pain you may have.*
- 9. For making sure you understand all information regarding the implications of your symptoms, the procedure you are to have, any alternatives to that procedure, any risks related to having or declining that procedure, the expected outcomes of the plan of care outlined by his physician, and your responsibilities in regards to that plan of care.*
- 10. For reviewing information on Advance Directives, including our center's policy on Advance Directives.*