

I, _____, understand the following:
Print Patient Name

Ownership Statement

I understand that the physician who has referred me to Summit Surgical Center may have a limited investment in this Facility, and, therefore, may have a financial interest in referring me to this facility. I understand that I am free to choose another facility in which to receive the services that have been ordered by my physician.

- My physician has limited ownership
 My physician does not have ownership

Advance Directives

I understand that even though the physician and staff of Summit Surgical Center respect my rights in accordance with state law to participate in decisions regarding my health care, it is the policy of Summit Surgical Center that all patients undergoing surgical procedures will be considered eligible for life-sustaining emergency treatments. I understand that if I have an advance directive, I should provide a copy to Summit Surgical Center so that if, in the rare instance I am transferred to the hospital for further care, my advance directive information will also be provided to that institution as well. I further acknowledge that I can receive more information about advance directives online from the New Jersey Department of Health and Services at: http://www.state.nj.us/health/healthfacilities/documents/ltc/advance_directives.pdf

Summit Surgical Center Brochure

I have received this brochure, which includes the Patient's Bill of Rights and Responsibilities.

Transportation and Post-Op Care

I understand that I must have a responsible adult to drive me home, and that a responsible adult must remain with me for the first 24 hours after my procedure.

Patient's Signature

Date

Patient Representative's Signature (if applicable)

Date