



**PATIENT RESPONSIBILITIES
THE PATIENT IS RESPONSIBLE FOR:**

1. Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions, including respecting the property of others and the facility.
2. Informing the Surgery Center of Reno about any living will, medical power of attorney, or advance directive that could affect his/her care. The Surgery Center of Reno does not honor any of these health-care directives.
3. Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
4. Keeping appointments and, when unable to do so for any reason, for notifying the facility and physician.
5. Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, all medications, including over-the-counter and dietary supplements, and unexpected changes in the patient's condition or any other patient health matters, including allergies and sensitivities.
6. Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and being responsible for the outcome.
7. Promptly fulfilling his or her financial obligations to the facility.
8. Payment to the facility for copies of the medical records the patient may request, if applicable.
9. Identifying any patient safety concerns.
10. Accepting personal financial responsibilities for charges not covered by insurance.
11. Provide a responsible adult to transport him/her home from the facility.

All medical records will be kept until the patient is 23 years of age if currently a minor; all other medical records will be kept at least 5 years.

I HAVE READ AND FULLY UNDERSTAND BOTH SIDES OF THIS FORM

Patient / Parent Signature: _____ Date: _____ Time: _____

Witness Signature: _____ Date: _____ Time: _____