

As a Crescent View Center patient, you have the responsibility to the following:

1. Provide to your physician and health care team up to date, accurate, and complete health information about your health, medications, (including over-the-counter products), and dietary supplements, and any allergies and sensitivities.
2. Provide a copy of your Advance Directive, Living Will, or Medical Power of Attorney to your health care provider.
3. Follow the treatment plan prescribed by your provider and participate in your care.
4. Notify your physician and members of the facility's health care team know when you do not understand the prescribed treatment or instructions given to you and to ask questions until the prescribed treatment is understood.
5. Accept the consequences of your actions if you refuse treatment or do not follow the practitioner's instruction.
6. Provide a responsible adult to transport you home from the facility and remain with you for twenty four (24) hours, if required by your provider.
7. Notify the patient's health care team of the patient's complaint of pain and/or discomfort.
8. Be respectful of the rights of other patients, facility personnel, and facility property.
9. Follow the facility rules and regulations affecting patient care and conduct.
10. Accept personal financial responsibility for charges not covered by your insurance, including providing accurate and timely information about sources of payment.
11. Follow appropriate administrative/medical channels in order to resolve conflict.

ADVANCE DIRECTIVES

In the state of Louisiana, each person has the primary right to request or refuse medical treatment subject to the state's interest in protecting innocent third parties and to make Advanced Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf. Crescent View Surgery View, LLC (CVSC) does not honor Advance Directives. Health care providers at CVSC are bound to do all in their power to assure the safe recovery of every patient, including resuscitation if that becomes necessary. All adult patients are asked if they have an Advanced Directive, which is placed in their medical record. Adult patients are also informed that an Advanced Directive will not be honored while a patient at CVSC. If an adverse event occurs during your treatment at CVSC, 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 CVSC'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, copies of official state forms are available at CVSC.

By signing this document, I acknowledge that I have read and understand its contents:

Patient/Patient Representative Signature

Date

Witness Signature

Date

Disclosure of Ownership

- Physician **does** have a financial interest in the facility
- Physician **does not** have a financial interest in the facility