

Hillside Pain Management York Adams Pain Specialists

Patient Information Acknowledgement Form

Information Status:

- I have received verbal and written information regarding my rights and responsibilities as a patient of Hillside Pain Management and York Adams Pain Specialists in advance of my treatment. This included written information explaining my rights under State Law to make decisions concerning my medical care, including the right to accept or refuse medical or surgical treatment and to execute an Advance Directive. Hillside Pain Management/York Adams Pain Specialists' policies regarding these rights are explained in the information. I have also been given information about the doctors' credentials and ownership of Hillside Pain Management and York Adams Pain Specialists.

Signature

Date

ADVANCE DIRECTIVES

It is the policy of York Adams Pain Specialists to honor advance directives given to us by our patients. However, should an untoward event happen to a patient while in our facility, that patient will be stabilized and transported to the hospital of their choice with a copy of the advance directive, if available. It will be the patient's responsibility to provide the practice with a current copy of your advance directive to be kept in your chart if you so desire. Information regarding advance directives will be given to you upon request.

- Yes, I have an Advance Directive and will provide a copy to be kept on my records.
 Yes, I have an Advance Directive but do not want a copy to be kept on my records.
 No, I do not have an Advance Directive.
 I would like more information on Advance Directives.

Signature

Date