

Name:
DOB:
Chart:
Age:

PATIENT NOTIFICATION OF ADVANCE DIRECTIVES AND OWNERSHIP/RIGHTS + RESPONSIBILITIES

ADVANCE DIRECTIVES

Do you have an Advance Directive? Yes / No Did you bring your Advance Directives today? Yes / No

Received Patients Rights + Responsibilities

In order to be in compliance with Connecticut State and Federal laws regarding advance directives, the Facility requires each patient to read and acknowledge the Facility's position on advance directives prior to scheduled procedures.

Advance Directives are statements that indicate the type of medical treatment wanted or not wanted in the event an individual is unable to make those determinations and who is authorized to make those decisions. The advance directives are made and witnessed prior to serious illness or injury. The following are the four main types.

- 1. My Appointment of a Health Care Representative**
- 2. My Living Will or Health Care Instructions**
- 3. My Document of Anatomical Gift**
- 4. The Designation of My Conservator of the Person for My Future Incapacity**

The Endoscopy Center of Fairfield accepts Advance Directives except for the living will portion which addresses resuscitation and CPR. We will initiate resuscitative or other stabilizing measures and transfer you to a higher level acute care hospital for further evaluation. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes. You may get copies of Advance Directive forms from the center or you can download the forms at

<https://portal.ct.gov/-/media/AG/Health-Issues/advdirectivescombinedform2006alt-pdf.pdf>

I have read and acknowledge the Endoscopy Center's statement above regarding Advance Directives.

Patient's Signature _____ Date: _____

Witness Signature _____ Date: _____

I have been advised not to drive or operate any machinery until the following day unless otherwise indicated by my physician.

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Name of Driver _____ Phone: _____

DISCLOSURE OF OWNERSHIP INTEREST

The Endoscopy Center of Fairfield is jointly owned by Dr. Ken Mauer, Dr. Strick Woods, Dr. Julie Spivack, Dr. Eddy Castillo, Dr. Emil Blanco, Dr. Gena Cobrin, Dr. Tarun Gupta, Dr. Nicholas Lillo and Dr. Daniel Stupak. The Center is accredited by State and Federal Government Agencies and the Joint Commission.

Patient's Signature: _____ Date: _____ Witness Signature: _____ Date: _____

DATE MAILED TO PATIENT: _____ PERSON MAILING FORM: _____
PATIENTS: PLEASE BRING SIGNED, DATED & WITNESSED FORM ON DAY OF PROCEDURE. THANK YOU