

**PREMIER SURGICAL CENTER  
PATIENT STATEMENT OF RESPONSIBILITIES**

1. I will provide accurate information about present and past illnesses, hospitalizations, medications, allergies and “NPO” status.
2. I will make every attempt to understand the implications of my procedure, including risks of refusing treatment, and I will ask for clarification when needed.
3. I will arrive at the scheduled time or notify facility of inability to do so.
4. I will follow all discharge instructions.
5. I will be respectful of the rights of other patients and staff.
6. I will be respectful of other people’s property.
7. I will remove all jewelry and give it along with any other valuables for safekeeping to the person accompanying me, as the Center is not responsible for my valuables.
8. I will immediately inform my physician of change in condition or adverse reaction.
9. I will play an active role in my pain management by notifying the staff of the location and intensity of my pain as well as what interventions if any have worked in the past. I will report how effective interventions for pain are while at the Center and work with the staff to achieve a comfortable level of pain control.
10. I will be responsible for assuring that the financial obligations of my health care are fulfilled as promptly as possible.

I understand what my responsibilities are at the Premier Surgical Center and I will comply.

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Patient Signature

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Date

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Witness Signature

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Date