

**HERSHEY OUTPATIENT SURGERY CENTER**  
**PATIENT STATEMENT OF RESPONSIBILITIES**

1. I will provide caregivers the most accurate and complete information regarding present complaints, past illnesses, and hospitalizations, medications, unexpected changes in my condition or any other health matters.
2. I will make every attempt to understand the implications of my procedure including risks or refusing treatment and I will ask for clarification when needed. I understand what is expected of me as a patient.
3. I will arrive at the scheduled time or notify the facility of my inability to do so.
4. I will observe prescribed rules of the facility during my stay and treatment and if instructions are not followed, I will forfeit the right to care at the facility and be responsible for the outcome.
5. I will be considerate of other patients and personnel and for the assisting in the control of noise, smoking, and other distractions.
6. I will be respectful of other people's property and the facility.
7. I will immediately inform my physician of change in conditions or adverse reactions.
8. I will report any patient safety concerns.
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 as my health care are fulfilled as promptly as possible.
11. I will be responsible for payment to the facility for copies of medical records that I may request. I understand what my responsibilities are at Hershey Outpatient Surgery Center.
12. I acknowledge receipt of the NOTICE of PATIENT RIGHTS prior to the day of my procedure.

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Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date