



COASTAL ENDOSCOPY CENTER, LLC

175 Gunning River Road | Building A | Unit 4 | Barnegat, NJ 08005-1436

Tel: (609) 698-0700 Fax: (609) 698-0777

PLEASE READ THE FOLLOWING STATEMENTS

Place your initials after EACH statement

	INITIAL
1. I have been offered a copy and an explanation of the NJ Patients' Bill of Rights and Responsibilities prior to my procedure.	_____
2. I have been offered a copy and an explanation of the HIPPA Notice of Privacy Practices prior to my procedure.	_____
3. I have been informed of my rights to have an Advanced Directive.	_____
4. I understand that I am not required to have an Advanced Directive in order to receive medical treatment in this health care facility.	_____

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS

- I HAVE** executed an Advance Directive
- I HAVE NOT** executed an Advance Directive
- COPY on chart**

STATEMENT OF COMPLIANCE

To be completed and signed on the day of your procedure for all patients receiving any form of intravenous sedation.

I certify that I have a driver to take me **HOME**. Please state **Driver's Name**:

_____	_____	_____
Name	Relationship	Telephone

I have been instructed **not to drive a car or operate machinery** until the following day unless otherwise indicated by my physician.

Signature of Patient or Responsible Party

Date

Witness