

Patient Care Associates, LLC
500 Grand Avenue
Englewood, New Jersey 07631
201.567-8090
Fax: 201.567.8091

Copies and/or directives regarding the following have been made available to me:

1. A copy of the "Patient's Rights" for Patient Care Associates, LLC.
2. "Notice of Privacy Practices" for Patient Care Associates, LLC.
3. Information regarding Advanced Directives, Living Will, Durable Power of Attorney, Proxy or POLST (Physician Orders for Life Sustaining Treatment).
A blank copy of an Advanced Directive or POLST is available upon request.
4. Patient Care Associates, LLC disclosure form.
5. A follow up telephone call will be made to you on the next business day following your procedure. If we do not reach you, may we leave a message on your answering machine or with a family member? Yes No
6. My health information may be discussed with the following person(s), who have accompanied me to Patient Care Associates, LLC today:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Due to the ambulatory nature of our practice, PCA will not honor Advanced Directives or POLST. The facility shall, however, copy this information and keep it in your medical record. If an event occurs during treatment we shall initiate resuscitative measures and transfer you to an acute healthcare facility for further evaluation. A copy of an Advanced Directive or POLST will be sent upon transfer to the accepting facility.

Patient/Guardian Signature _____

Translator signature, if applicable _____

Date _____