



Where Life Continues

# ACKNOWLEDGMENT FORM

## Your Rights as a Hospital Patient in NYS Booklet

- Patient’s Bill of Rights
- An Important Message Regarding Your Rights as a Hospital Inpatient
- An Important message from Medicare
- Planning in Advance for Your Medical Treatment (an explanation of Advance Directives)
- Deciding about CPR: DO-NOT-Resuscitate (DNR) Orders - A Guide for Patients and Families
- Appointing Your Health Care Agent - New York State’s Proxy Law Health Care Proxy Form
- Letter from the NYS Department of Health (explains the SPARCS data collection system)

## Patients and Families Informational Booklet

- Statement of Non-Discrimination
- Patient Responsibilities -Provision of Information
- Uncompensated Service Notice
- Joint Commission/Care Information
- Use of Cellular Telephones

## Deciding About Health Care

### Calvary Hospital Booklet

### The Eye-Bank for Sight Restoration Information

### Patient/Family information card

- Assignment and Release Statement/Medicare Benefits
- Authorization to Release Medical Information
- Financial Agreement
- Acknowledgment Form
- Healthix Authorization for Access for Patient Information

I acknowledge receipt and demonstrate understanding of the above information and the Calvary booklet.

\_\_\_\_\_  
Patient’s Signature

\_\_\_\_\_  
Signature of Patient’s Representative

\_\_\_\_\_  
Admitting Representative Signature

\_\_\_\_\_  
Indicate Relationship to Patient

This form will be placed in the patient’s permanent medical record.

\_\_\_\_\_  
Date      Time

