



ACKNOWLEDGMENT FORM

Your Rights as a Hospital Patient in NYS Booklet:

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

Patients and Families Information

- Financial Assistance Program
- Joint Commission/Care Information
- No Surprise Medical Bills Information
- Notice of Privacy Practices (HIPAA)
- Organ Donation Information
- Patient Responsibilities - Provision of Information
- Statement of Non-Discrimination

Documents and Forms

- Assignment and Release Statement/Medicare Benefits
- Authorization to Release Medical Information
- DFS External Appeal
- Financial Agreement
- General Consent for Medical Treatment
- Healthix Authorization for Access for Patient Information

I acknowledge receipt and demonstrate understanding of the above information.

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