

Ponte Vedra Surgery Center

Patient Responsibility Form

1. The patient is responsible for accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to their health status.
2. The patient is responsible for following the treatment plan recommended by our surgeons and providers that are responsible for the patient's care.
3. The patient is responsible for his or her actions if refusing treatment or if he /she does not follow the surgeon's and provider's recommendations.
4. The patient is responsible for the financial obligations of the health care rendered as soon as possible after the care has been rendered and prior to any cosmetic procedure that is performed.
5. The patient is responsible to follow the rules and regulations affecting their care and conduct pertaining to the procedure that is being performed.
6. The patient is responsible for being considerate to the rights of others, including other patients and staff, and for assisting in the control of noise and smoking
7. The patient is responsible for being respectful of the property of others and that of the Ponte Vedra Surgery Center/ Dermatology Clinic.
8. The patient is responsible to report unexpected changes in his or her condition to the surgeon and/ or provider.
9. The patient is responsible to report to the surgeon or provider his or her comprehension for the contemplated course of action and what is expected of him or her . They are to notify the provider/ surgeon if they do not understand the planned treatment or if they have not received appropriate pre op instructions.
10. The patient is responsible to keep their appointments. If they are unable to do so, they agree to notify the office in a timely fashion as outlined in our cancellation policy and office policy agreement.

I, the undersigned, understand the Patient Responsibility tenets as noted above. I have had a chance to have all of my questions answered to my satisfaction and agree to abide by the tenets listed above.

Patient Signature

Date

Witness Signature

Date