



I acknowledge and understand that I cannot drive or operate equipment until the day after my procedure. I will have a driver present at the facility to take me home prior to leaving the facility.

I acknowledge that I have received a copy of the Wichita Falls Endoscopy Center Patient Bill of Rights & Notice of Privacy Practices upon my registration at the facility.

I acknowledge that State of Texas Advance Directives are available to me upon my arrival to Wichita Falls Endoscopy Center. In accordance with Texas Health & Safety Code Title II, if an attending physician refuses to comply with a directive or treatment decision and does not wish to follow the procedure established under Section 166.046, life-sustaining treatment shall be provided to the patient, but only until a reasonable opportunity has been afforded for the transfer of the patient to another physician or health care facility willing to comply with the directive or treatment decision. I authorize my physician to provide the treatment he deems necessary, including hospital transfer. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the result of this procedure.

Patients Notification of Data Collection Acknowledgement: I have been informed of and received a copy of the "Notification of Data Collection."

PURSUANT TO: 84TH TEXAS LEGISLATIVE REGULAR SESSION, HB 764 SECTION 108.0095. NOTIFICATION OF DATA COLLECTION which states: A provider shall provide to a patient whose data is being collected under this chapter written notice on a form prescribed by the department of the collection of the patient's data for health care purposes. The Texas Department of State Health Services, Texas Health Information Collection program (THCIC) receives patient claim data regarding services performed by the named provider: Wichita Falls Endoscopy Center. The patients claim data is used to help to improve the health of Texas, through various methods of research and analysis. Patient confidentiality is upheld to the highest standard and is not subject to public release. For further information regarding the data collected, and to send inquiries please see your copy of the "Notification of Data Collection."

Wichita Falls Endoscopy Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Please be advised that all listed physicians have an ownership interest in the Wichita Falls Endoscopy Center: Dr. Louis Wilson, Dr. Timothy McClellan, Dr. Javier Gomez, Dr. Konappa Murthy & Dr. Joshua Stagg.

Acknowledged by: _____

Date: _____