

FLEMING ISLAND SURGERY CENTER
ADVANCED NOTIFICATION FORM

1. _____ I have received written notification of The Patients' Rights and Responsibilities.
2. My physician does _____ does not _____ have financial interest in Fleming Island Surgery Center.
3. _____ I am aware that it is the Policy of Fleming Island Surgery Center not to honor previously signed advanced directives in the event of a life-threatening event. I have the right to discuss any disagreements to this policy with my physician prior to my admission.
4. _____ I am aware of the complaint/grievance procedure at Fleming Island Surgery Center.

Patient signature _____ Date _____