

## Charlotte Gastroenterology & Hepatology, P.L.L.C.

### Acknowledgement of Receipt of Patients Rights and Advanced Directives

- I have been presented with a copy of Charlotte Gastroenterology & Hepatology, P.L.L.C.'s Patients Rights.
- My signature below indicates approval of the following unless otherwise marked and initialed:

<b>ADVANCED DIRECTIVES:</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
The patient is an organ donor.			
The patient has a living will.			
The patient has a health care power of attorney.			
The patient has an advance instruction for mental health treatment.			
The patient has been asked to provide a copy of his/her advance directive(s) to the facility.			

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

If patient is unable to consent, please indicate relationship to patient (e.g., spouse, parent) and you confirm that you are authorized to consent on the patient's behalf:

\_\_\_\_\_  
**Signature of Authorized Person  
Patient**

\_\_\_\_\_  
**Relationship to**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**