

Statement of Patient Rights and Responsibilities

- The patient has the right to considerate and respectful care.
- The patient has the right to be informed of current and complete information about his care and treatment by his physician.
- The patient has the right to receive from his physician, or his affiliates, information necessary to give informed consent prior to his treatment including the alternatives, risks and complications.
- The patient has the right to confidentiality concerning all aspects of his care.
- The patient has the right to be treated by qualified, professional personnel.
- The patient has the right to reasonable continuity of care.
- The patient has the right to receive an explanation of his bill regardless of the source of payment.
- The patient has the right to know the policies and procedures of Shockwave Specialists of the Carolinas, LLC regarding patient care.
- The patient has the right to know his responsibilities regarding his conduct while a patient of Shockwave Specialists of the Carolinas, LLC.
- The patient has the right to know that their physician may have an ownership interest in the treatment unit.
- Patients will inform Shockwave Specialists of the Carolinas, LLC of problems that could influence the care given during a treatment: for example, having a pacemaker, allergies to certain medications, pregnancy, or any medical condition that may cause the treatment to be unsafe for them.
- Patients will inform the Shockwave Specialists of the Carolinas, LLC of **all** the medications being taken. It is a good idea to bring your medications with you.
- Patients will comply with all the verbal instructions given them by the Shockwave Specialists of the Carolinas, LLC personnel, for example: 1) have someone with you to drive you home; 2) arrive on time; 3) you will be told by your physician's office the time to arrive for your treatment. Most arrival times are forty-five (45) minutes in advance.

* *Patients that do not comply with instructions they are given may have to be rescheduled at a later date in order to ensure safety.*

Patient Signature _____ **Date** _____

Responsible Party Signature _____ **Relation** _____