Advance Directives*
Per applicable law, patient has been provided information about their rights to make advance health care decisions (examples of such may include, Living Will, Healthcare Power of Attorney, Healthcare Surrogate Designation), as well as their medical providers’ policies pertaining to the same. Further, patients are not required to have an Advance Directive in order to receive medical treatment at Mayo Clinic.

All patients are asked the following and their records will reflect.

- Patient has an executed Advance Directive and supplied a copy to Mayo Clinic.
- Patient has an executed Advance Directive and has been requested to supply a copy to Mayo Clinic.
- Patient has not executed an Advance Directive.
- The patient is unable to receive or provide information regarding patient rights. Advance Directives, Living Will or Durable Power of Attorney for Health Care information at this time due to illness, injury or mental status.

Patient Rights and Responsibilities*
The patient/guarantor was provided with a copy of the hospital’s statement of Patient Rights and Responsibilities.

Respectful Conduct
It is expected that patient/guarantor behave respectfully towards Mayo Clinic personnel. Patient/guarantor understands that any abusive or disrespectful behavior could result in a dismissal from Mayo care.

Visitation Guidelines*
The patient/guarantor was provided a copy of the visitation guidelines letter, which includes general visiting hours, visitor identification, external overnight accommodations and the right to choose a support person. Visitation may be restricted at times in emergency situations or for clinical necessity.

Valuables
Mayo Clinic will not be responsible for patient valuables* unless the patient has requested that the valuables be locked in Mayo Clinic’s safe for safekeeping. Notwithstanding the foregoing, patient agrees that Mayo Clinic’s maximum liability for loss of any personal property deposited with the hospital for safekeeping, and for which receipts are issued describing said items, is limited.

Medicare/Medicare Advantage Plans, if applicable:

- **Medicare Discharge Appeal Notice**: I, the patient/guarantor was provided a copy of the notice entitled “Medicare Discharge Appeal Notice,” detailing my rights as a Medicare hospital inpatient including procedures for requesting a review by the Peer Review Organization in this area (Excludes Observation Admissions).
- **Medicare Secondary Payer Questionnaire (MSPQ)**: The MSPQ information has been collected, which is applicable to my hospitalization or services covered by Medicare.

TRICARE, if applicable: I, the patient/guarantor was provided a copy of the notice entitled “An Important Message from TRICARE” (Exclusion TRICARE for Life).

*Detailed information is located in the Mayo Clinic Hospital Handbook and/or Patient and Visitor Guide.

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<thead>
<tr>
<th>Patient Signature</th>
<th>Date (mm-dd-yyyy)</th>
<th>Time (hh:mm)</th>
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<tbody>
<tr>
<td>Signature of Person Signing (If not patient)</td>
<td>Date (mm-dd-yyyy)</td>
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<tr>
<td>Printed Name of Person Signing (If not patient)</td>
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