Windsor Regional Medical Associates, LLC

Patient Name: _____

Date of Birth: _____

New Jersey Patient Notice and Acknowledgment: Right to an Observer

Annual notice for breast, pelvic, genitalia, and rectal examinations

Your right to an observer

New Jersey rules now require all physicians to provide this notice of your right to have an observer present during a breast, pelvic, genitalia, or rectal examination. You may ask for an observer before or during the examination.

You may decline care if this practice cannot provide an observer who is acceptable to you, or if an acceptable observer is not available. The clinician may also request an observer. If an observer is requested by you or by the clinician and an acceptable observer is not available, the examination and any care that requires that examination may be deferred.

If care is deferred because an acceptable observer is not available or because an observer request is declined, the clinician will discuss the risks of not receiving care at that time and, when available, provide an appropriate referral.

What is an observer?

An observer is a trained person who is present during the examination. The observer is expected to remain in the room, avoid other tasks or distractions, and maintain a clear line of sight to the examination. The observer must not be a friend or relative of the clinician or the patient. You may ask to have your own friend or relative present, but that person does not count as the New Jersey observer for this rule.

Patient choices for a covered examination

☐ I request an observer for the covered examinations.

☐ I do not request an observer for the covered examinations. I understand I may change my mind before or during the examination.

☐ I would also like my own support person present, if feasible: Name/relationship: _____

Acknowledgment

Please read and sign below before any covered examination. This form confirms that written notice was provided and that your understanding was confirmed. It is not consent to any specific examination or procedure; your clinician should explain any proposed examination and obtain your consent as part of usual care. Your observer choice can be changed at any time.

Patient / authorized representative signature		**Date**	
Printed name		**Relationship if representative**	
Licensee providing notice and confirming understanding	Gabriela Bowers, MD Brian Thomas, MD	**NPI/license no.**	1316996853 1386694891
Licensee signature / initials		**Date**	
Annual notice expires	_____ (12 months)		