

# ST. JOSEPH CENTER FOR OUTPATIENT SURGERY

## NOTICE TO PATIENT

### Physician Financial Ownership

We are required by Federal law to notify you that physicians have financial interests or ownership in this ASC. We are required by 42 C.F.R. § 416.50 to disclose this financial interest or ownership in writing prior to the surgical procedure.

A list of physicians who have a financial interest in this ASC is listed below.

1. Ross Bartley, MD
2. Russell Grimes, DPM
3. F. Patrick McCormick, MD
4. Scott McGuire, MD
5. Brett Miller, MD
6. Blake Peterson, MD
7. J. Mike Smith, MD
8. Corey Trease, MD
9. John Weitlich, MD

### Advance Directive Policy Statement

We are required by Federal law to provide the patient, patient representative or surrogate with written information concerning its policies on advance directives; including a description of applicable State health and safety laws and if requested, official State advance directive forms. We also must inform the patient, patient representative, or surrogate of your right to make informed decisions regarding the patient's care. 42 C.F.R. § 416.50 (c)

We understand that there are several types of advance directives. The two most common forms are living wills and durable power of attorneys. All patients have the right to participate in their own healthcare decisions and make advance directives or execute powers of attorney that authorize others to make decisions on their behalf based on the patients expressed wishes.

This facility will honor the intent of the advance directive to the extent permitted by law and subject to the limitations on the basis of conscience. This facility performs elective procedures that generally enhance or improve the patient's quality of life. Therefore, in the event of a medical emergency, it is the policy of this facility to initiate resuscitative measures and transfer the patient to the hospital for further evaluation. At the hospital, further treatment or withdrawal of treatment measures may be exercised in accordance with your advance directive or power of attorney. If you do not agree with this policy, please address this issue with your physician prior to the procedure.

This policy applies to all patients who are having a procedure performed at this facility.

*(To be given to all patients at the beginning of their outpatient visit.)*

The Surgery Center and the medical staff have adopted the following statement of Patient Rights and Responsibilities. This list includes, but is not limited to, the following; and is delivered to the patient upon each patient encounter. In the event of an incapacitated patient, this information is delivered to the designated patient representative.