

PHYSICIANS PLAZA SURGICAL CENTER

ASC Conditions of Coverage Patient Attestation

Patient Name: _____ Date of Procedure: _____

I certify that I have received written documentation of the following items, in advance of the date of my scheduled procedure:

1. Patient's Rights and Responsibilities
2. The Physicians Plaza Surgical Center policy concerning Advance Directives
3. Disclosure of Physician Ownership (if applicable)

Furthermore, I understand that this information is being provided for my benefit and that should I have any questions regarding its content, I should contact the Physicians Plaza Surgical Center for clarification.

Patient Signature

Date

Information Regarding Advance Directives

Advance directives are legal documents that allow you to convey your decisions about end-of-life care ahead of time. They provide a way for you to communicate your wishes to family, friends and health care professionals, and to avoid confusion later on.

A living will tells how you feel about care intended to sustain life. You can accept or refuse medical care. There are many issues to address, including

A durable power of attorney for health care is a document that names your health care proxy. Your proxy is someone you trust to make decisions if you are unable to do so.

While all of these documents play a very important role as to how healthcare decisions are made on your behalf, it is the policy of Physicians Plaza Surgical Center that we **DO NOT** honor Advance Directives during your episode of care at the facility.

If you have an Advance Directive, please bring it with you for your visit to Physicians Plaza Surgical Center and we will place it in your medical record for reference in the unlikely event you are transferred to the hospital.

If you do not have an Advance Directive and would like more information, please contact our office at 661-322-4744 and we will be happy to provide it for you.