



NOTIFICATIONS

NOTICE OF POLICY REGARDING ADVANCE DIRECTIVES: I have received information about the Advanced Directives policy at Marion Surgery Center and I understand that the center policy (regardless of the contents of any advance directive or instructions from a health care surrogate attorney in fact) is to initiate resuscitative measures should an adverse event occur during my procedure. I would be transferred to the closest acute care facility for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with my wishes, advance directive or health care power of attorney. Your agreement with this policy does not revoke or invalidate any current health care directive or health care power of attorney.

Please check one:

YES, I brought my Advanced Directive with me to place a copy in my chart as part of my medical record.

YES, I have an Advanced Directive but I did not bring it with me.

NO, do not have an Advanced Directive.

RIGHTS and RESPONSIBILITIES: I acknowledge that I have received a copy of the Patient Rights and Responsibilities, which includes information regarding where and how I can file a grievance or complaint and how I can obtain a written estimate of procedure cost.

TRANSPORTATION RELEASE: I understand that the anesthetic administered to me may affect my ability to drive a car or otherwise travel alone to my home following my procedure. I have arranged for transportation with a responsible adult to my home and will also be under the supervision of a responsible adult for 24 hours following my procedure.

Patient/Parent/Guardian Signature

Indicate relationship

Date

Witness Signature

Date