

Mountain View Surgery Center of Gilbert

2450 E Guadalupe Road Suite 101 * Gilbert, AZ 85234 * 480-398-8456

Advanced Directives

All patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. **Mountain View Surgery Center of Gilbert** respects and upholds those rights.

If you, or your designated surrogate, present Advance Directives at the time of admission, you will be required to discuss options for your care with your Physician, Anesthesiologist, and other members of the Health Care Team. **Mountain View Surgery Center of Gilbert** will provide the highest level of care acceptable by you, and as allowable by law. However, unlike in an acute care setting this Ambulatory Surgery Center does not routinely perform "high risk" procedures. While no surgery is without risk, most procedures performed in this facility are considered to be of minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney; that if any adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or Health Care Power of Attorney. Your agreement with this facilities policy will not revoke or invalidate any current Health Care Directive or Health Care Power of Attorney.

You have the option of proceeding with care at our facility or having the procedure at another location that may not set the same limitations. If you wish to complete an Advance Directive, copies of the official State forms are available at our facility. Having been fully informed of our Statement of Limitations, you choose to proceed with your procedure at Mountain View Surgery Center of Gilbert.

INT _____ I have Advance Directives, Living Will or Healthcare Power of Attorney

INT _____ No, I do not have Advance Directives, Living Will or Healthcare Power of Attorney

Patient Rights, Responsibilities, and Ownership Disclosure

I have been informed of my patient rights and responsibilities to include the process to file a complaint or grievance and that my physician may have an ownership in the Mountain View Surgery Center of Gilbert

Transportation after the procedure

If you are having sedation, you MUST have a responsible adult (18 or older) available to take you home after your procedure.

NAME OF PERSON DRIVING: _____ PHONE NUMBER: _____

If Cab Company

Name of Cab Company: _____ Name of Person Riding Home with Me: _____.

Cab Company Phone: _____

By signing this document, I acknowledge that I have received and understand the written and verbal information provided to me regarding the statements above.

Patient Signature: _____

Date: _____