



411 2nd Street East • Bradenton, FL 34208 • 941-746-1121

Dear Patient,

The enclosed information is being supplied to every patient that accesses' our surgical services, and meets the recent requirement of Center for Medicare and Medicaid services. If you have questions please allow us to answer them.

In 1990 Congress passed the federal law called the “Patient self-determination Act”, which requires all adult patients to be informed about their right to refuse or accept medical or surgical treatment and their right to execute an “advance directive.”. The term advance directive stands for a document that communicates the person’s wishes to what medical or surgical care that patient wants to receive if he /she is unable to convey those directions. These documents are known by different names in various states and may be presented to you as a “living will”, a “Health care durable power of attorney” or an “Advance Healthcare Directive”.

In surgery centers where patients are admitted and expected to go home after elective surgery there is an expectation that in the event of an emergency, all treatment available to resuscitate a person will be rendered regardless of any pre-written document with contrary instruction. Since the person has a right to these documents, we do not ask them to waive their rights or even suspend them; we only ask for the right to resuscitation while being a patient in our facilities. That is the purpose of the document enclosed.

The purpose of asking for a patients’ Advance Directive is to know his/her wishes and have them documented in the event of an occurrence where he may have continuation of care at another facility. In the rare event of a patient refusing to consent to being resuscitated the center would follow their written policy to refuse surgery and assist the patient is scheduling their surgery elsewhere.

GULF COAST SURGERY CENTER	Policy
DEPARTMENT: Patient Rights	POLICY DESCRIPTION: Advance Directive
PAGE: 1 of 1	REPLACES POLICY DATED:
APPROVED:	PREPARED BY:
EFFECTIVE DATE: 3/30/09	APPROVED BY: GCSC Governing Board

PURPOSE:

To inform the patient of the Center’s policy on resuscitative measures.

POLICY:

Regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney in fact, that if an adverse event occurs during the patient’s treatment at this facility we will initiate resuscitative or other stabilizing measures and transfer the patient to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with the patient’s wishes, Advance Directive or Health Care Power of Attorney. The patient’s agreement with this policy by signature does not revoke or invalidate any current health care directive or health care power of attorney.

PROCEDURE:

1. The registration clerk shall present the patient (or authorized representative) with the form “Advanced Directives”. The patient shall be allowed to read the consent and ask questions.
2. The patient (or authorized representative) shall check one of the three boxes provided. If the patient (or authorized representative) checked the first box “Yes, I have an Advance Directive, Living Will or Health Care Power of Attorney”, a copy of that document may be made a part of the patient’s medical record. If the patient (or authorized representative) checks the third box, “I would like to have information on Advance Directives”, the patient shall be provided with the “Healthcare Advance Directives, the Patient’s Right to Decide” information sheet.
3. If the patient (or authorized representative) does not agree to this policy, the Center shall assist the patient in rescheduling the procedure.
4. If the consent to the procedure is provided by anyone other than the patient, the consent form must be signed by the person providing the consent or authorization.

GULF COAST SURGERY CENTER
PATIENT CONSENT TO RESUSCITATIVE MEASURES

NOT A REVOCATION OF ADVANCE DIRECTIVES OR MEDICAL POWERS OF ATTORNEY

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. THIS SURGERY CENTER RESPECTS AND UPHOLDS THOSE RIGHTS.

HOWEVER, UNLIKE IN AN ACUTE CARE HOSPITAL SETTING, THE SURGERY CENTER DOES NOT ROUTINELY PERFORM "HIGH RISK" PROCEDURES. MOST PROCEDURES PERFORMED IN THIS FACILITY ARE CONSIDERED TO BE OF MINIMAL RISK. OF COURSE, NO SURGERY IS WITHOUT 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 IN FACT, THAT IF AN 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 TREATMENT 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 POLICY BY YOUR SIGNATURE BELOW DOES NOT REVOKE OR INVALIDATE ANY CURRENT HEALTH CARE DIRECTIVE OR HEALTH CARE POWER OF ATTORNEY.

IF YOU DO NOT AGREE TO THIS POLICY, WE ARE PLEASED TO ASSIST YOU TO RESCHEDULE THE PROCEDURE.

PLEASE CHECK THE APPROPRIATE BOX IN ANSWER TO THESE QUESTIONS. HAVE YOU EXECUTED AN ADVANCE HEALTH CARE DIRECTIVE, A LIVING WILL, A POWER OF ATTORNEY THAT AUTHORIZES SOMEONE TO MAKE HEALTH CARE DECISIONS FOR YOU?

- YES, I HAVE AN ADVANCE DIRECTIVE, LIVING WILL OR HEALTH CARE POWER OF ATTORNEY.
- NO, I DO NOT HAVE AN ADVANCE DIRECTIVE, LIVING WILL OR HEALTH CARE POWER OF ATTORNEY.
- I WOULD LIKE TO HAVE INFORMATION ON ADVANCE DIRECTIVES.

IF YOU CHECKED THE FIRST BOX "YES" TO THE QUESTION ABOVE, PLEASE PROVIDE US A COPY OF THAT DOCUMENT SO THAT IT MAY BE MADE A PART OF YOUR MEDICAL RECORD.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS AND AGREE TO THE POLICY AS DESCRIBED. IF I HAVE INDICATED I WOULD LIKE ADDITIONAL INFORMATION, I ACKNOWLEDGE RECEIPT OF THAT INFORMATION.

BY: _____
(PATIENT'S SIGNATURE)

Patient's Last Name:

Patient's First Name:

Date:

If consent to the procedure is provided by anyone other than the Patient, this form must be signed by the person providing the consent or authorization.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS AND AGREE TO THE POLICY AS DESCRIBED.

BY: _____

(Signature)

(Print Name)

Relationship to Patient

COURT APPOINTED GUARDIAN ATTORNEY IN FACT

HEALTH CARE SURROGATE OTHER _____

Gulf Coast Surgery Center

SUMMARY OF THE FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Florida law requires that your health care provider or health care facility recognize your rights when you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

- ❖ A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity and with protection of his or her need for privacy.
- ❖ A patient has the right to a prompt and reasonable response to questions and request.
- ❖ A patient has the right to know who is providing medical services and who is responsible for his or her care.
- ❖ A patient has the right to know what patient support services are available, including whether an interpreter is available or if he or she does not speak English.
- ❖ A patient has the right to know what rules and regulations apply to his or her conduct.
- ❖ A patient has the right to be given by his health care provider information concerning diagnosis, planned course of treatment, alternatives, risk and prognosis.
- ❖ A patient has the right to refuse treatment, except as otherwise provided by law.
- ❖ A patient has the right to be given, upon request, full information as necessary counseling on the availability of known financial resources for his or her care.
- ❖ A patient who is eligible for Medicare has the right to know, up front and in advance of treatment, whether the health care provider or health facility accepts the Medicare assignment rate.
- ❖ A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- ❖ A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- ❖ A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- ❖ A patient has the right to treatment for an emergency medical treatment that will deteriorate from failure to provide treatment.
- ❖ A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- ❖ A patient has the right to express grievances regarding his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- ❖ A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- ❖ A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- ❖ A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- ❖ A patient has the right to change primary or specialty physician if other qualified physician is available.
- ❖ A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- ❖ A patient is responsible for following health care and facility rules and regulations affecting patient care and conduct.
- ❖ Anesthesia services are provided by Lakewood Ranch Anesthesia with Jonas Weingarten, MD as Medical Director. If you prefer a different provider from Lakewood Ranch Anesthesia please notify us.
- ❖ This is to inform you that certain physicians that perform procedures at Gulf Coast Surgery Center have a partnership in the facility. If you have any questions regarding your physician please do not hesitate to ask.
- ❖ Your physician may not carry malpractice coverage. If you have questions about malpractice coverage, please discuss those with your physician.
- ❖ If you have a complaint against this facility you can contact the Administrator at 941-746-1121 or write to the address listed below. Gulf Coast Surgery Center, 411 2nd Street East, Bradenton, FL 34208.

FILING COMPLAINTS

If you have a complaint against a hospital or ambulatory surgical center, call the Consumer Assistance Unit at 1-888-419-3456 (Press 1) or write to the address listed below.

AGENCY FOR HEALTH CARE ADMINISTRATION
CONSUMER ASSISTANCE UNIT
2727 MAHAN DRIVE / BLD. 1
TALLAHASSEE, FL 32308

If you have a complaint against a health care professional and want to receive a complaint form, call the Consumer Services Unit at 1-888-419-3456 (Press 2) or write to the address listed below.

AGENCY FOR HEALTH CARE ADMINISTRATION
CONSUMER ASSISTANCE UNIT
P.O. BOX 14000 TALLAHASSEE, FL 32308

Website for Medicare beneficiary Ombudsman www.cms.hhs.gov/center/ombudsman.asp