

OUTPATIENT SURGERY CENTER OF ST. AUGUSTINE, LLC

Health Care Advance Directives

When a person becomes unable to make decisions due to physical or mental change, such as being in a coma, they are considered incapacitated. To ensure that an incapacitated person's decisions about health care will be respected, the Florida legislature enacted legislation pertaining to health care advanced directives (Chapter 765, Florida Statutes).

An advance directive is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make an anatomical donation after death. Some persons make advance directives when they are diagnosed with a life-threatening illness, while others put their wishes into writing while they are healthy, often as part of their estate planning. Types of advance directives include: 1) A Living Will, 2) A Health Care Surrogate Designation, and 3) An Anatomical Donation.

Outpatient Surgery Center of St. Augustine would like to be made aware should you have an advance directive, however should your condition deteriorate while at the facility, we will make efforts to resuscitate you and transfer you to the hospital. Should you wish to obtain more information about advance directives, you may contact www.aarp.org or www.FloridaHealthFinder.gov (888-419-3456).

Disclosure of Ownership

Outpatient Surgery Center of St. Augustine, LLC is owned by Flagler Hospital.

Patient Rights

Medicare patients desiring additional information regarding patient rights should contact the Medicare Ombudsman at www.cms.hhs.gov/center/ombudsman.asp.

Patient Acknowledgement

I have reviewed the information provided regarding the Patient Bill of Rights and Responsibilities, Advance Directives, and Disclosure of Ownership and any questions have been answered to my satisfaction.

___ I have an Advance Directive and I am aware of the policy of the surgery center

___ I do not have an Advance Directive and I am aware of the policy of the surgery center

Patient Signature

Date Received

Time _____am/pm