



PATIENT PRE ADMIT NOTICE

LOUISIANA DISCLOSURE OF OWNERSHIP, ADVANCE DIRECTIVES, GRIEVANCE PROCESS, AND PATIENT RIGHTS

Our goal is to provide quality patient care. In keeping with this goal, we wish to advise you of physician ownership in the Center, about advance directives, and your patient rights.

Disclosure of Ownership

You should know that the Center might have a financial relationship with your physician. The Center is a joint venture Louisiana limited liability company partially owned by Louisiana licensed surgeons, one of whom may be your physician. These physicians have become owners in a physician entity, which in turn owns part of the Center, as a result of their commitment to the highest quality health care and superior customer service to their patients. You have the right to choose an alternative source or service.

We encourage patients to discuss any concerns they have with their physician's financial relationship at the time of their office visit. Please contact your surgeon's office if you do not wish to have your surgery at the Center and to obtain a list of sites where he/she has privileges to practice.

EJASC's Policy – Advance Directives

An advance directive speaks for you when you are unable to do so. Advance directives are documents that pertain to treatment preferences. Advance directives are generally in the form of a Living Will, Medical Power of Attorney, and a Do Not Resuscitate ("DNR"). You or your patient representative (i.e. your agent for health care decisions) has the right to make informed decisions about your health care without being subject to discrimination or reprisal. Advance directives can be revoked or amended at any time.

In an ambulatory care setting, where we expect to provide less invasive care to patients who are not acutely ill, admission to the Center indicates the patient will tolerate the procedure in the ambulatory setting without difficulty. The Center respects your desire, as a patient, to direct your medical care and treatment and we will honor your advance directives. Please bring these documents to our attention (and to your physician's attention) prior to your day of surgery at the Center and we will file them in your medical record.

The basic policy of the Center is that the best interest of the patient is our main concern. We recognize your right as a competent adult to make choices to accept, reject, or choose among a variety of medical and surgical treatments. We advise that the Center will honor your advance directive, however, your procedure here

Each competent person 18 years or older has the right to make a Declaration. A Declaration is a written, oral or non-verbal communication which expresses your wishes and instruct your physician, friends and family to maintain life-sustaining procedures to keep you alive or to withhold or withdraw such procedures and allow you to die. You may also use a Declaration to designate another individual to make treatment decisions on your behalf in the event you are unable to do so.

Your Declaration, if you choose to have one, may be written or it may be made through any nonverbal communication. However, to make your Declaration, you must make it in the presence of two witnesses. Witnesses must be adults but cannot be related to you by blood or marriage and is also not entitled to inherit any portion of your estate.

If you make a Declaration, you must notify your physician and the Center prior to your date of scheduled surgery. It is your responsibility to take care of giving this information to your physician. Once your physician is notified, your physician is then required to document the Declaration in a prominent part of the your medical record. We have enclosed a sample Living Will provided by Louisiana statute. Ideally, you should consult an attorney before executing a Living Will, and discuss the Living Will with your family. In addition, you may register, but are not obligated to register, your Declaration with the Office of the Secretary of State by sending either a certified copy or the original Declaration itself to:

Louisiana Office of the Secretary of State
P.O. Box 94125
Baton Rouge, LA 70804-9125
Attention: Publications

The Secretary of State currently charges a fee for registration. If you have any questions, you may call the Office of the Secretary of State at 225-922-0309 or publications@sos.louisiana.gov.

You may revoke a Declaration at any time in writing or orally. To revoke a Declaration, you may cancel, deface, or destroy the Declaration. To orally revoke a Declaration, you must communicate your intent to revoke to your attending physician. If you have registered your Declaration, you should file a notice of revocation with the Secretary of State. Once your physician is notified of your revocation, the physician will record the time and date as to when notification of the revocation occurred in your medical record. Your advance directive and any revocation of your advance directive will be filled in your medical record at the Center. A sample form used by EJASC for Living Will by the patient is attached.

Medical Power of Attorney: You may use a Medical Power of Attorney to appoint someone to make health care decisions on your behalf when you can no longer able to make decisions, but you must expressly state that this is your wish and intent. The person that you choose does not have to be a lawyer. This document is your responsibility and you should file it with your physician and the Center prior to your scheduled day of surgery. Ideally, you should consult an attorney with regard to drawing up a Medical Power of Attorney, and sign it in the presence of a Notary Public, but neither an attorney or Notary Public is required. A sample form used by EJASC for Medical Power of Attorney is attached.

Revocation of an Advance Directive: If you have executed any advanced directive and have requested it be filed in your file (at the Center) and you wish to notify us that you have changed your mind and desire to revoke an advance directive in your medical record, please contact the Center's Administrator at (504) 274-2200.

EJASC Grievance/Complaint Procedure

EJASC receives, reviews and responds to concerns regarding services to our guests. Patient care will not be compromised because of a guest's issue or grievance. The EJASC has a process for prompt resolution of patient issues, complaints or grievances and will inform each patient/representative who to contact to file a grievance. You may raise your issue or complaint orally or in writing to our staff that are present and we will

LIVING WILL DECLARATION
(Patient)

Declaration made this ____ day of _____, 20__.

I, PATIENT, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below and do hereby declare:

If at any time I should have an incurable injury, disease or illness, or be in a continual profound comatose state with no reasonable chance of recovery, certified to be a terminal and irreversible condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life sustaining procedures would serve only to prolong artificially the dying process, I direct (initial one only):

_____ That all life-sustaining procedures, including nutrition and hydration, be withheld or withdrawn so that food and water will not be administered invasively.

_____ That life-sustaining procedures, except nutrition and hydration, be withheld or withdrawn so that food and water can be administered invasively.

I further direct that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

PATIENT

DATE

The declarant has been personally known to me and I believe him/her to be of sound mind.

Witness

Print Full Name

Witness

Print Full Name

East Jefferson Ambulatory Surgery Center
4200 Houma Boulevard
Metairie, LA 70006

MEDICAL POWER OF ATTORNEY

I, _____, being of sound mind, do hereby designate _____,
to serve as my attorney-in-fact to make medical care and treatment decisions for me when I am unable,
and to execute a Living Will directing the withholding, withdrawal, or modification of life-sustaining
procedures should I be diagnosed and certified as having a terminal and irreversible illness or be in a
continued profound comatose state with no reasonable chance of recovery, if I become mentally or
physically unable to make such decisions for myself.

Signed: _____
Date/Time

Address (City, State, Parish of Residence)

The declarant has been personally known to or identified by me believe him or her to be of sound mind.

Witness Date/Time

Witness Date/Time