

## PATIENT DISCLOSURE FORM

Dear Patient:

You have been scheduled to have your upcoming procedure at Ridgedale Surgery Center (the "Facility").

The following disclosure is made at or prior to the time that the referral is made:

In accordance with Federal Regulations (42 C.F.R. 416.50(a)(ii)) and the Public Law and applicable rules of the State of New Jersey, Board of Medical Examiners (C. 26:2H-12; N.J.A.C. 13:35-6.17) a physician, podiatrist and all other licensees of the Board of Medical Examiners must inform patients of any significant financial interest in a health care service.

The Facility is owned by physicians. Accordingly, please take notice that the physician who will be performing your procedure may have a financial interest in the health care service for which you are being referred.

You may, of course, seek treatment at a health care service provider of your own choice. A listing of alternative health care service providers can be found in the classified section of your telephone directory under the appropriate heading.

Please take notice that the Facility may not be a participating provider with your insurance carrier. As such, part or all of your upcoming procedure will be considered "out-of-network". You will be personally responsible for the co-payment, co-insurance, deductible, or other charges associated with such "out-of-network" services that are not covered by your insurance carrier.

You have the right to enter into an advance directive. An advance directive means a written statement of your instructions and directions for health care in the event of your future decision making incapacity. An advance directive may include a proxy directive or an instruction directive, or both. (N.J.A.C. 8:43A-1.3).

The type of Advance Directives that may apply to Ridgedale Surgery Center are called "requests to forego resuscitative measures" or "do not resuscitate orders (collectively referred to as a DNR)". A DNR is typically used by terminally ill patients.

The Ridgedale Surgery Center is an outpatient facility, where only elective surgery and/or procedures are performed. If a patient should suffer a cardiac or respiratory arrest, or other life-threatening situation, the signed consent implies consent for resuscitation and transfer to a higher level of care. Therefore, in accordance with Federal and State law, the facility is notifying you that it will not honor previously signed advance directives.

Ridgedale Surgery Center has adopted and adheres to a list of patient rights. Attached is a copy for your records.

You have the right to make informed decisions regarding your care including the right to make decisions concerning the right to accept, refuse, or choose from alternatives of medical and/or surgical treatment.

By signing this disclosure you or your legal representative, acknowledge that: (1) you are receiving this notice prior to the date of the procedure; (2) you have been informed of the financial interests of the practitioners in this office; (3) you voluntarily desire to have your procedure performed at the Facility; (4) you have been informed that part or all of your procedure will be considered "out-of-network", if applicable; (5) you have the right to enter into an advance directive; (6) you have the right to make informed decisions regarding your care; and (7) you have received a copy of the facility patient rights.

Understood and agreed:

Patient Signature:

Witness:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

Complaints may be lodged with the following:

N.J. Department of Health and Senior Services  
Division of Health Facilities Evaluation and  
Licensing  
PO Box 367  
Trenton, NJ 08625-0367  
Complaint Hotline: 1-800-792-9770  
<http://www.state.nj.us/health/healthfacilities>

Office of the Medicare Beneficiary Ombudsman  
<http://www.medicare.gov/Ombudsman/activities.asp>