

Femi-Care Surgery Center, LLC

66 Painters Mill Road Ste 106 Owings Mills, Md 21117 P-443-394-0523 F-443-394-0524

INFORMATION ON ADVANCE DIRECTIVES

After reading this information, PLEASE ANSWER THESE QUESTIONS:

▪ I have received a copy of the information sheet on Advance Directives prior to my procedure and I agree to have my procedure done at Femi-Care Surgery Center, LLC

▪ I HAVE AN EXECUTED ADVANCE DIRECTIVES. _____ YES _____ NO

▪ I BROUGHT A COPY OF ADVANCE DIRECTIVES _____ YES _____ NO

Advance Directives allows a person to give directions about medical care or to designate another person(s) to make medical decisions if he or she should lose decision to make capacity. This designated person should be someone you trust to make healthcare decisions for you. They should know what your instructions are and they should follow them. You may want to choose one or two "back up" persons, in case your first choice isn't available when needed. Advance Directives may include living wills, durable power of attorneys or similar documents (Do Not Resuscitate) portraying a person's preference. The existence of an Advance Directive or lack of one, will not determine a patients' access to care, treatment or service. Once you make an Advance Directive it does not expire. It remains in effect until you revoke it and only you can change it.

IF YOU HAVE AN ADVANCE DIRECTIVE. WE ASK THAT YOU BRING IT WITH YOU.

If you would like information about Advance Directives we can give you a copy of "Maryland Advance Directive: Planning for Future Health Care Decisions". This is a helpful guide with forms included on Maryland law and health care decisions. You can also refer to the websites: www.oag.md.us or www.caringinfo.org to get more information about Advance Directives. Other options are discussing this with your PCP or calling the Department of Aging at (410)767-1100. We want you to know that it is our policy to honor a patient's Advance Directive to the maximum extent that is practical. However, should an emergency situation happen to a patient while he or she is in our facility, it is our policy to stabilize the patient to the hospital with a copy of their Advance Directives. If the patient has specific circumstances surrounding their Advance Directives this must be discussed with the physician prior to their procedure. If a patient disagrees with our policy, then the patient will have to be rescheduled at the hospital. The staff and physicians will be happy to answer any questions that you have about Advance Directives that is within the scope of our knowledge. Otherwise we will refer you to someone who can answer your questions more thoroughly.

Signature of Patient/ Patient Representative/Patient Surrogate

Date

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Disclosure of Ownership Notice

I have been informed prior to the date of the procedure, that Dr. Sheo Sharma who performs procedures/services at Femi-Care Surgery Center; LLC has an ownership financial interest in the center. The physician has given me the option to be treated at another facility/center, which I have declined. I wish to have my procedures/services performed at Femi-Care Surgery Center, LLC.

Patient Rights Information

I have received information regarding my Patients Rights on the date of the procedure.

Certification of Patient Information

I have reviewed my patient demographic and insurance information on this date and verify that all information reported to the Center is correct. I also certify to the best of my knowledge, I have provided my complete and surgical history including current medications and allergies.

Upon request I will receive written information regarding my physician's current licensure, relevant education, training and experience before he/she performs the procedure. I certify that I have read, understand and accept the terms of this document and that I am the patient duly authorized to execute it.

Valuable Release: I agree that Femi-Care Surgery Center, LLC is not responsible for any valuables that I elect to bring.

Signature of Patient/ Patient Representative/ Patient Surrogate

Print Name

Relationship to Patient

Date Signed