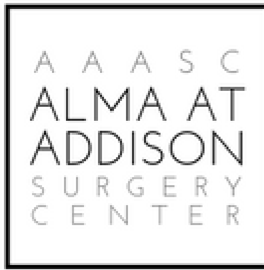

Alma At Addison Surgery Center Patient Information Pertaining to Resuscitative Measures

Not a revocation of Advance Directive 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 desired care, as your Advance Directive or Health Care Power of Attorney is stated. Your agreement with this policy by your signature below does not revoke or invalidate any current Advance 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.

If you have an Advanced Directive, please provide us with a copy to be placed in your medical record. If you do not have an Advance Directive form, you can visit our website and select the link for state advance directive documents.

By signing this document, I acknowledge that I have read and understand it's contents and agree to the policy as described. If I have indicated that I would like additional information, I acknowledge receipt of that information.

____

(patient signature)

____ ______/______/______

(patient 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.**

____

(signature)

____ ____________________________

(name) ***(relationship to patient)***

105 Addison Ave. Palo Alto, CA 94301
Alma At Addison Surgery Center, LLC is owned by: Dr. David Lieberman and Dr. Sachin Parikh