

JUPITER OUTPATIENT SURGERY CENTER, LLC

Physician Ownership

As you know, your health care provider has determined that you require further medical treatment and has recommended that you receive such treatment at Jupiter Outpatient Surgery Center (the "Center"). The Center would like to make you aware Jupiter Medical Center is a part owner/investor and Dr. _____

is also or is not, a part owner/investor. The Center also wishes to make you aware in accordance with Florida Statute 456, that your physician also has privilege at other facilities available in the community where the same procedure(s) can be performed. Should you prefer to have your procedure performed at another facility, please discuss this with your physician.

Health Care Advanced 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.

Jupiter Outpatient Surgery Center 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).

For Documentation Purpose Only: I have or I do not have an executed Advance Directive

HIPAA

I acknowledge that I have been informed of the "HIPAA Notice of Privacy and Practice Act" and

Yes I do or No I do not

Want to have a copy of the HIPAA Privacy Notice

Patient Bill of Rights and Responsibilities

I have reviewed the information provided regarding the Patient Bill of Rights and Responsibility. I can access additional copies on the surgery Center's website www.jupiterosc.com.

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 prior to admission to the facility.

Patient or Personal Representative Signature

Date

Witness Signature

Date