



## *Suspension of advance directive and Receipt of advance notices*

Advance Directives are statements that indicate the type of medical treatment wanted or not wanted in the event you are unable to make those decisions, and who is authorized to make those decisions. The two most common forms of advance directive are:

- Living Wills
- Durable Power of Attorney
- POST - Physician Orders and Scope of Treatment

The physicians and staff at Pend Oreille Surgery Center value and respect our patients' rights to make informed decisions regarding their healthcare. Since surgical procedures performed at Pend Oreille Surgery Center are elective in nature, and expected to be of short duration; and since adverse incidents during surgery are not expected; and since routine operating room and post-operative interventions may in other situations be considered extraordinary or life-saving measures, your advance healthcare directive will not be honored by Pend Oreille Surgery Center, but instead life-sustaining measures will be provided until such time the patient can be transferred to the nearest or best choice hospital. A copy of your advance healthcare directive, if provided upon admission to our facility, will be included with your medical records in the event of an unexpected transfer.

I understand that I am not required to have an Advance Directive.

I understand that my advance healthcare directive will be suspended during my admission to Pend Oreille Surgery Center.

- I have executed an Advance Directive**
- I have not executed an Advance Directive**

### **Physician Ownership Disclosure**

In accordance with Federal ASC Regulations (42 C.F.R. 416.50(a)(ii)), the following ownership disclosure is made in advance of the date of the procedure:

### **The Following Physicians are owners in the Pend Oreille Surgery Center, LLC:**

*Michael R. DiBenedetto, MD*  
*Mark Savarise, MD*  
*Charles Crane, MD*  
*Bruce Demko, CRNA*  
*Jonathan Fisher, DPM*  
*Nathan Kanning, MD*  
*Michelle Spring, MD*  
*William Magee, MD*

The provider who will be performing your procedure may be an owner. You have the option to be treated at another health care facility.

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By signing below, you, or your legal representative, acknowledge that this disclosure has been made in advance of the date of the procedure, and that you have decided to have the procedure performed at Pend Oreille Surgery Center, LLC.

**Advance Notices**

- The following was made available to me prior to the day of surgery*
- My Surgery was scheduled on the day of surgery and was given the following information before arrival or at the time of arrival at the surgery center.*

- patient rights and responsibilities,
- privacy practices
- advance directive information
- financial & billing policy

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Patient's Name (Please Print)

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Patient's Signature

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Patient Representative / Guardian Signature

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Date