

**ADVANCE DIRECTIVE**

As a patient, you have the right to participate in your own health care decisions and to make an Advance Directive, or to execute a Power of Attorney that authorizes others to make decisions on your behalf when you are unable to make decisions, or are unable to communicate those decisions. Vernon Square Surgicenter respects and upholds these 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 minimal risk. Of course, no surgery is completely without risk. You will discuss the specifics of your procedure with your physician who will advise you about any associated risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of an Advance Directive or instructions from a Health Care Surrogate of Power of Attorney, 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. The acute care hospital will order further treatment or withdrawal of treatment measures in accordance with your wishes, Advance Directive or Health Care Power of Attorney.

The Illinois Department of Public Health’s Statement of Illinois Law on Advanced Directives includes information regarding Power of Attorney, Living Will, Mental Health Treatment Preference Declaration, Do Not Resuscitate, and Health Care Surrogate options. These can be accessed at: <http://www.idph.state.il.us/public/books/advdir4.htm> or at Caring Connections: <http://www.caringinfo.org/UserFiles/File/Illinois.pdf>.

You or your representative will be notified in writing prior to the date of surgery regarding the Surgery Center’s Advance Directive Notice policy. The physician’s office scheduling your procedure will be responsible for distributing a copy of this written Advance Directive Policy. At the time of Admission to the Surgery Center, you must sign a notice acknowledging that you have received a copy of this policy.

Signing the Advance Directive Notice does not invalidate any current Health Care Directive or Health Care Power of Attorney. If you do not agree with this policy, your procedure will be rescheduled at another facility.

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**OWNERSHIP DISCLOSURE**

Vernon Square Surgicenter is solely owned by Daniel J. Ritacca, M.D.

You have the right to choose your provider and where your procedure is performed. For any questions or concerns, please feel free to contact your physician.

**FINANCIAL RESPONSIBILITIES**

As a patient of Vernon Square Surgicenter, I understand that any co payments, co insurance, and/or deductibles are due prior to having my procedure. I understand that the following provider fees are NOT INCLUDED in the surgery center fee and will be billed separately:

* Physician (surgeon) fee
* Anesthesiology fee
* Pathology
* Radiology
* Durable Medical Equipment, such as splints, braces, slings, etc.
* Laboratory Services

For any questions or concerns in regards to billing, please call: 847-367-8764