



FEDERALLY MANDATED CONDITIONS FOR COVERAGE

ADVANCED HEALTHCARE DIRECTIVES, also known as **advance directives**, are instructions given by individuals specifying what actions should be taken for their health in the event that they are no longer able to make decisions due to illness or incapacity. If you already have an Advance Directive, please bring it with you to the surgery center. Although we are a resuscitative facility, your Advance Directive will go with your chart to the hospital, should you be admitted. If you would like an Advance Directive brochure, they will be available at the surgery center.

PATIENT RIGHTS:

Patients have the right to be informed of alternative treatments and to choose among the alternatives, including the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of their actions.

Patients have the right to every consideration of privacy concerning their medical care.

Patients have the right to expect that all communications and records pertaining to their care should be treated as confidential.

Patients have the right to examine and receive an explanation of their treatment program from their chosen physician.

Patients have the right to examine and receive an explanation of their bill.

PATIENT RESPONSIBILITIES:

Patients have the responsibility to cooperate in their treatment plan. It is the *patient's responsibility to provide the physicians and staff at the surgery center accurate information both about their health history and physical needs.*

Patients are responsible for their own actions if they refuse treatment or do not follow the doctor's recommendations.

Patients have the responsibility to provide accurate billing information necessary for claim processing, and to be prompt in payment of their bills. Should the information provided by the patient or patient's agent prove to be inaccurate, the patient will be responsible for immediately paying the charges in full.

If at any time you believe you are not being treated in a fair and concerned manner, please notify the Administrator at 720-890-2721.

Medicare Beneficiary Ombudsman website: www.medicare.com/ombudsman

Colorado Department of Public Health and Environment, 4300 Cherry Creek Dr. South Denver CO 80246, 303-692-2000.

_____ I have received this information both verbally and in writing prior to the date of surgery.

Signature: _____ / _____ Date: _____ Time: _____
Print Name Sign Name

Flatirons Surgery Center is jointly owned by USPI, Avista Adventist Hospital and Flatirons Surgical Group which includes Melody Denham MD, David Grauer MD, , Joseph Hsin MD, Thomas Mann MD, David Morrissey MD, James Reid MD, David Schneider MD, E. Jordan Stoll MD, J. Douglas Warren MD, and Michael Wertz MD.