



LAKESHORE SURGICARE, LLC

3111 Village Pointe
Chesterton, IN 46304

Office: (219) 983-1401

Fax: (219) 929-1408

www.lakeshoresurgicare.com

Dear Patient,

In order to meet the highest standards regarding your care, we have prepared this packet which contains important information regarding your visit at Lakeshore Surgicare. It contains:

- Patient's Rights and Responsibilities
- Ownership of the Center
- Advanced Directive Policy

Please review this material prior to your surgery and bring it with you on the day of surgery. You will also be receiving a phone call from one of our staff members who will review all of this information with you. This phone call will also allow you the opportunity to discuss or ask any questions.

On behalf of the entire staff at Lakeshore Surgicare, we thank you for choosing us and look forward to seeing you.

Sincerely,

William Dase, RN, BSN
Clinical Director

Lakeshore Surgicare, LLC
3111 Village Point
Chesterton, In. 46304

PATIENT RIGHTS AND RESPONSIBILITIES

As a Patient, You Have the Right to:

1. Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
2. Personal and informational privacy, within the law.
3. Information concerning your diagnosis, treatment, and prognosis, to the degree known.
4. Confidentiality of records and disclosures. Except when required by law, you have the right to approve or refuse the release of records.
5. The opportunity to participate in decisions involving your health care, unless contraindicated by concerns for your health.
6. Make informed decisions about medical care, including the right to accept or refuse medical or surgical treatment and the right to an advance directive, living will or durable power of attorney. If you already have a living will or other directive or you wish to initiate one, please speak with a nurse. Our policy is not to honor advanced directives during your stay. Indiana state law does not mandate you to have an advanced directive.
7. Information concerning implementation of any advance care directive.
8. Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability. (Lake Shore Surgicare adheres to all federal and state rules, regulations and policies to promote a non-discriminatory environment for all of our surgical guests.)
9. Receive an itemized bill for all services.
10. Know the identity and professional status of individuals providing service to you.
11. Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.

As a Patient, You Are Responsible for:

1. Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate practitioner(s).
2. Following the treatment plan recommended by the primary practitioner involved in your case.
3. Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
4. Indicating whether you clearly understand a contemplated course of action and what is expected of you.
5. Your actions if you refuse treatment, leave the facility against the advice of the practitioner, and/or do not follow the practitioner's instructions relating to your case.
6. Assuring that the financial obligations of your health care are fulfilled as expediently as possible.
7. Providing information about and/or copies of any living will, power of attorney or other directives that you desire us to know about.

If you have any questions regarding your rights or responsibilities please discuss your concerns with William Dase, Clinical Director @ 219-983-1401.

If you feel that your concern is not being taken care of please contact:

Karen Smith @ Indiana Dept. of Health,

2 North Meridian

Indianapolis, In 46204

You may also access the Medicare site at www.cms.hhs.gov/center/ombudsman.asp

Lakeshore Surgicare, LLC
3111 Village Point
Chesterton, In. 46304

Lake Shore Surgicare is a partnership of St. Mary Medical Center of Hobart, Indiana and St. Anthony Medical Center of Crown Point, Indiana and the following surgeons:

Rajive Adlaka, M.D.
Pain Management

Joseph Koscielniak, M.D.
Orthopedic Surgeon

George Alavanja, M.D.
Orthopedic Surgeon

Donald Kucharzyk, D.O.
Orthopedic Surgeon

Scott Andrews, M.D.
Orthopedic Surgeon

Michael Leland, M.D.
Orthopedic Surgeon

Marc Bruell, D.P.M.
Podiatrist

Myron Lewyckyj, M.D.
Ophthalmologist

Derek Cheuk, M.D.
Anesthesiologist

James Malayter, M.D.
Orthopedic Surgeon

Leonard Covello, M.D.
Otorhinolaryngologist

Michael Malczewski, M.D.
Cosmetic/Reconstructive Surgeon

Satish Dasari, M.D., FIPP
Pain Management

Peter Mavrelis, M.D.
Gastroenterologist

Brendan Frawley, Jr. M.D.
General Surgeon

John Mirro, Jr. M.D.
Gastroenterologist

Gustavo Galante, M.D.
Cosmetic/Plastic Surgeon

David Musgrave, M.D.
Orthopedic Surgeon

Tom Galouzis, M.D.
General Surgeon

Greg Nowak, M.D.
Anesthesiologist

Paul Gruszka, M.D.
Orthopedic Surgeon

Keith Pitchford, D.O.
Orthopedic Surgeon

David Gross, D.O.
Ophthalmologist

Barry Ring, M.D.
Pain Management

Kenneth Ham, M.D.
Orthopedic Surgeon

Joseph Schwartz, M.D.
Orthopedic Surgeon

Dennis Han, M.D.
Otorhinolaryngologist

Ahmad Shughory, M.D.
Gastroenterologist

Daniel Hurwich, M.D.
Gastroenterologist

Bruce Thoma, M.D.
Orthopedic Surgeon

Ravi Kanakanedala, M.D.
Pain Management

Verapon Towannasut, M.D.
Otorhinolaryngologist

Thomas Kay, M.D.
Orthopedic Surgeon

Kumar Venkat, M.D.
Gastroenterologist

Shaun Kondamuri, M.D.
Pain Management

Bruce Yalowitz, M.D.
Urologist

LAKE SHORE SURGICARE, L.L.C.
3111 Village Point
Chesterton, In. 46304

POLICIES AND PROCEDURES

TITLE: Advance Directive

Index: AD

Prepared By: William Dase

Authorized By: _____

Endorsed By: _____

Effective Date 3/31/09

Audit Date:

Audit Date:

Audit Date:

Signature: _____

Signature: _____

Signature: _____

Audit Date:

Audit Date:

Audit Date:

Signature: _____

Signature: _____

Signature: _____

POLICY

1. The Center recognizes the patient's right to have Advanced Directives and a Living Will according to the Federal and State of Indiana laws and statutes.
2. The Center also recognizes that the purpose of being an ambulatory surgery center is to provide elective surgical procedures to ASA Class I, II and stable III patients. **Therefore, the Board of Managers and the Medical Staff have elected not to recognize and/or provide patient care during the patient's admission to the Center in accordance with either the patient's advanced directives and/or living will.**
3. Patients and/or significant others will be provided information regarding the Center's policy on Advanced Directives and Living Wills prior to the date of surgery.

PROCEDURE

1. Patients will be asked on admission if they have Advanced Directives and/or a Living Will in place and the answer will be documented on the medical record.
2. If the patient does not have Advanced Directives/Living Will, the patient may request and receive limited information regarding Advanced Directives/Living Wills and how they can obtain additional information. Legal opinions will not be provided or offered by personnel and/or medical staff.
3. If the patient has a copy of the document (Advanced Directive and/or Living Will), a copy will be made and placed within the medical record.
4. The patient will be required to sign a Release of Understanding (Advanced Directives/Living Will) if the patient and/or the patient's authorized representative elects to continue with the surgery. The executed Release of Understanding will be filed within the medical record. A sticker will be placed on the front of the clinical record indicating the patient has an Advanced Directive/Living Will.
5. If the patient elects not to continue with the procedure, a notation will be made on the medical record as to why the procedure was cancelled and the physician's office will be notified.
6. In the event that the procedure is continued and the patient would require transfer to a tertiary care facility, a copy of the Advanced Directives/Living Will be made and accompany the patient.

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**AMBULATORY SURGERY CENTER PATIENT CONSENT 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 wishes, advance directive or health care power of attorney. Your agreement with this policy by your signature below does not revoke or invalidate any current health care 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.

Please check the appropriate box in answer to these questions. Have you executed an advance health care directive, a living will, a power of attorney that authorizes someone to make health care decisions for you?

- Yes, I have an advance directive, living will or health care power of attorney
- No, I do not have an advance directive, living will or health care power of attorney

If you checked the first box "yes" to the question above, please provide us a copy of that document so that it may be made a part of your medical record. Information regarding advanced directives is available upon request.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS AND AGREE TO THE POLICY AS DESCRIBED. IF I HAVE INDICATED I WOULD LIKE ADDITIONAL INFORMATION, I ACKNOWLEDGE RECEIPT OF THAT INFORMATION.

BY: _____ DATE: _____
PATIENT'S SIGNATURE

BY: _____ DATE: _____
PARENT/GUARDIAN SIGNATURE

BY: _____ DATE: _____
RESPONSIBLE PERSON SIGNATURE (RELATIONSHIP)

LAKE SHORE SURGICARE,LLC

This information is being provided to you for reference only and is not intended to provide legal advice. The Patient Self Determination Act was passed by Congress in 1990. The instrument for this Act and similar acts in individual states is called an Advance Directive. Health care institutions are required to tell patients about their rights under the law to make decisions about their health care – the right to accept or refuse care and the right to make Advance Directives about their health care was included in those Acts. It is emphasized that this information is provided as general information only and it is necessary for the patient to find out about the legal differences regarding the legal rights in the state where you live.

WHAT IS AN ADVANCE DIRECTIVE?

An advance directive tells your doctor what kind of care you would like to have if you become unable to make medical decisions (if you are in a coma, for example). If you are admitted to the hospital, the hospital staff will probably talk to you about advance directives.

A good advance directive describes the kind of treatment you would want depending on how sick you are. For example, the directives would describe what kind of care you want if you have an illness that you are unlikely to recover from, or if you are permanently unconscious. Advance directives usually tell your doctor that you don't want certain kinds of treatment. However, they can also say that you want a certain treatment no matter how ill you are.

Advance directives can take many forms. Laws about advance directives are different in each state. You should be aware of the laws in your state.

WHAT IS A LIVING WILL?

A living will is one type of advance directive. It only comes into effect when you are terminally ill. Being terminally ill generally means that you have less than six months to live. In a living will, you can describe the kind of treatment you want in certain situations. A living will doesn't let you select someone to make decisions for you.

WHAT IS A DURABLE POWER OF ATTORNEY FOR HEALTH CARE? A durable power of attorney (DPA) for health care is another kind of advance directive. A DPA states that you have chosen to make health care decisions for you. It becomes active any time you are unconscious or unable to make medical decisions. A DPA is generally more useful than a living will. But a DPA may not be a good choice if you don't have another person you trust to make these decisions for you.

Living wills and DPAs are legal in most states. Even if they aren't officially recognized by the law in your state, they can still guide your loved ones and doctor if you are unable to make decisions about your medical care. Ask your doctor, lawyer or state representative about the law in your state.

SHOULD I HAVE AN ADVANCE DIRECTIVE?

Most advance directives are written by older or seriously ill people. For example, someone with terminal cancer might write that she does not want to be put on a respirator if she stops breathing. This action can reduce her suffering, increase her peace of mind and increase her control over her death. However, even if you are in good health, you might want to consider writing an advance directive. An accident or serious illness can happen suddenly, and if you already have a signed advance directive, your wishes are more likely to be followed.

HOW CAN I WRITE AN ADVANCE DIRECTIVE?

You can write an advance directive in several ways:

Use a form provided by your doctor.

Write your wishes down by yourself.

Call your state senator or state representative to get a form.

Call a lawyer.

Use a computer software package for legal documents.

Advance directives and living wills do not have to be complicated legal documents. They can be short, simple statements about what you want done or not done if you can't speak for yourself. Remember, anything you write by yourself or with a computer software package should follow your state laws. You may also want to have what you have written reviewed by your doctor or a lawyer to make sure your directives are understood exactly as you intended. When you are satisfied with your directives, the orders should be notarized if possible, and copies should be given to your family and your doctor.

CAN I CHANGE MY ADVANCE DIRECTIVE?

You may change or cancel your advance directive at any time, as long as you are considered of sound mind to do so. Being of sound mind means that you are still able to think rationally and communicate your wishes in a clear manner. Again, your changes must be made, signed and notarized according to the laws in your state. Make sure that your doctor and any family members who knew about your directives are also aware that you have changed them.

If you do not have time to put your changes in writing, you can make them known while you are in the hospital. Tell your doctor and any family or friends present exactly what you want to happen. Usually, wishes that are made in person will be followed in place of the ones made earlier in writing. Be sure your instructions are clearly understood by everyone you have told.

You can obtain up to date Indiana information about advance directives, along with statutory forms, if they exist in your state, from:

1. Legal Counsel for the Elderly (LEC)
American Association of Retired Persons
P. O. Box 96474
Washington, DC 20090-6474

LCE has state- specific guidebooks about advance directives. If you want to order a booklet, send \$5.00 per booklet (for shipping and handling) to the above address.

OR

2. Visit **www.uslivingwillregistry.com** and click on Indiana.

Indiana has laws that permit individuals to sign documents stating their wishes about health care decisions when they cannot speak for themselves. The law gives weight to any form of written directive. If the courts become involved, they usually try to follow the patient's stated values and preferences, especially if they are in written form. A Health Care Advance Directive may be the most convincing evidence of your wishes you can create.