

PATIENT ACKNOWLEDGEMENT

EYE SURGERY CENTER
AT THE BILTMORE

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The following physician's have ownership in the Eye Surgery Center at the Biltmore: Robert Brems, M.D., Warren Heller, M.D., Dennis Kilpatrick M.D., Jon Konti, M.D., Angela Kovacik, M.D., Jonathan Levin, M.D., Robert McCulloch, M.D., and Jeremy VanBuren, M.D, PHD.

The Eye Surgery Center at the Biltmore's **Privacy Notice** is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act- HIPAA. The **Privacy Notice** describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes as permitted or required by law.

The Eye Surgery Center has provided you with a copy of the "Patient Rights and Responsibilities", these rights and responsibilities are also posted in our lobby.

The Eye Surgery Center at the Biltmore (ESCB) is required by Arizona State law R9-1-1701- 1710 to ensure that patients are aware of their rights to be involved in decisions regarding their medical care. Specifically, the patient has the right to execute a Advanced Directive for Health Care Decision (Advanced Directive) either in the form of a Living Will or a Durable Power of Attorney for Health Care. If you wish to complete an Advanced Directive a copy of the state forms are available at http://www.azsos.gov/adv_dir/, or our office can provide a copy for you.

- I have not executed an Advanced Directive
- I have executed an Advanced Directive and *I have provided* a copy to the Eye Surgery Center at the Biltmore
- I have executed an Advanced Directive but *have not provided* a copy to the Eye Surgery Center at the Biltmore

It is the policy of the Eye Surgery Center at the Biltmore to acknowledge the Advanced Directives presented to us by our patients. Considering the surgical procedures that we perform here are not high risk procedures we do not anticipate untoward problems to occur. However, if an untoward event was to occur to a patient while in our facility it is our policy to stabilize the patient and transport them to an appropriate hospital along with a copy of their Advanced Directive. Patients who decline to be stabilized and transported to a hospital will be offered care at another facility that will comply with their wishes.

I understand The Eye Surgery Center at the Biltmore's policy on Advanced Directives and agree to comply with their policy.

I do not wish to comply with the facilities policy and wish to be rescheduled at a facility that will honor my Advanced Directives.

Patients or Patient Representative's Signature

Date & Time

Witness to Patient's Signature