



Acknowledgement

By signing and initialing this form, I certify that I have received information, in a language that I understand, and have been given the opportunity to ask any questions that I may have regarding:

- Advance Directives _____
- I have provided a copy of my Advance Directive to The Surgery Center of Poplar Bluff _____
- I have requested and received information about Advance Directives _____
- My rights as a patient _____
- My responsibilities as a patient _____
- My physicians part ownership/interest in The Surgery Center of Poplar Bluff _____
- The Surgery Center of Poplar Bluff's Grievance Policy and Procedures _____

(Blanks to be Initialed)

Name: _____
(Print)

Signature: _____ Date: _____



**AMBULATORY SURGERY CENTER PATIENT CONSENT TO
RESUSCITATIVE MEASURES**

**NOT A REVOCATION OF ADVANCE DIRECTIVES
OR MEDICAL POWERS OF ATTORNEY**

SM091099.615

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.
- I WOULD LIKE TO HAVE INFORMATION ON ADVANCE DIRECTIVES.

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.

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: _____
(PATIENT'S SIGNATURE)

Patient's Last Name:	Patient's First Name:	Date:
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If consent to the procedure is provided by anyone other than the Patient, this form must be signed by the person providing the consent or authorization.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS AND AGREE TO THE POLICY AS DESCRIBED.

BY: _____
(Signature)

(Print Name)

Relationship to Patient

- COURT APPOINTED GUARDIAN
- ATTORNEY IN FACT
- HEALTH CARE SURROGATE
- OTHER _____



Dear Patient:

I wanted to take a moment to personally thank you for choosing The Surgery Center of Poplar Bluff.

This facility was founded by local physicians who wanted to provide the very best healthcare, close to home and at an affordable cost. We are committed to providing a consistently positive experience for everyone who enters our doors. As a patient, you will receive courteous, high-quality care from talented physicians, nurses and other professionals in a comfortable, state-of-the-art environment. According to our surveys, more than 98 percent of our patients report a high level of satisfaction with our facility, staff and the level of care received.

Enclosed in this packet, you will find information regarding Advance Directives, Patient Rights & Responsibilities and other information that is provided for your reference as well as specific instructions and information regarding the procedure you will be having at The Surgery Center of Poplar Bluff.

Please take the time to read through the entire packet and be prepared to discuss and sign the required forms when you check in for your procedure.

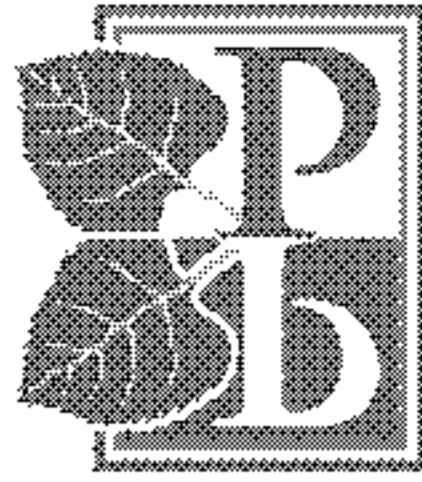
At Poplar Bluff Medical Partners, our goal is complete patient satisfaction. You will be given an electronic survey machine after your procedure is complete. Please answer the questions honestly. Your opinion matters to us!

Again, from the entire staff of The Surgery Center of Poplar Bluff and Poplar Bluff Medical Partners, we thank you for trusting your health to us. We know you have a choice in healthcare providers, and we want to be your choice again and again. We are the answer to your healthcare needs!

Sincerely,



Michael Burcham, Sr. MBA, RRT
President & CEO
Poplar Bluff Medical Partners, LLC
mburcham@poplarbluffmedical.com



POPLAR BLUFF

The Surgery Center

GRIEVANCE PROCEDURE:

- Discuss verbally or in writing, the grievance with the Nurse Manager within (& seven days of the alleged grievance. The Nurse Manager will investigate within (7) seven days after the receipt of such grievance and make every effort to resolve the grievance to the patient's satisfaction.
- If the grievance cannot be resolved to the patient's satisfaction, the patient or his designee is to notify the Administrator in writing. The grievance must state the problem or action alleged and the date the Nurse Manager was notified. The Administrator will investigate the grievance in an attempt to resolve the difference and notify the patient in writing of the resolution of the grievance.
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- The Nurse Manager is as follows: Telephone 573.727.9080 x 143
Ms. Amy Kearby, RN
Nurse Manager
The Surgery Center of Poplar Bluff
219 Physicians Park Drive
Poplar Bluff, MO. 63901
akearby@poplarbluffmedical.com
- The Administrator is as follows: Telephone 573.727.9080 x 116
Mr. Michael Burcham, Sr. MBA, RRT
CEO & President
Poplar Bluff Medical Partners
221 Physicians Park Drive
Poplar Bluff, MO. 63901
mburcham@poplarbluffmedical.com
- If the patient does not receive a satisfactory response from the Administrator within (30) thirty days, he/she may contact the following:
 - Mo. Department of Health & Senior Services
573.751.6400
info@dhss.mo.gov
 - Medicare Beneficiary Ombudsman
800.633.4227
www.cms.hhs.gov/center/ombudsman



PRE-PROCEDURE TELEPHONE CALLS

After your physician schedules your procedure at The Surgery Center of Poplar Bluff, you will receive several telephone calls. One call will be from the insurance department asking what type of insurance coverage you have, the estimated co-pay and what arrangements you wish to make regarding payment.

The other telephone call will be from the pre-admit RN who will discuss your procedure. Please take time to review the following information she will be asking:

- Confirm procedure to be done
- Confirm time of arrival, Surgery Center location and need for someone to drive you home
- Review diet and/or when to start no food or drink by mouth
- Review bowel prep if applicable
- Review medications with instructions about which to take and which to stop
- Special instructions for diabetics and patients on blood thinners
- Call prescriptions to pharmacy as needed
- Review procedure to be done
- Discuss allergies
- Explanation regarding no jewelry, make-up, contact lens, body piercing, etc.
- Provide telephone number and name to call for any questions or emergencies
- Discussion re: patient rights and responsibilities, grievance procedure, advanced directives, disclosure of physician ownership (if applicable)
- Patient Satisfaction Survey Process



POPLAR BLUFF

The Surgery Center

PATIENT'S RIGHTS & RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Safe, considerate and respectful care
- Be kept well-informed and participate in your health care decisions
- Know the names and roles of your caregivers
- Consent to or refuse treatment
- An advance directive, such as a living will, healthcare proxy or surrogate decision maker
- Privacy, personal and informational
- Confidentiality of your medical record
- Review your medical record
- Consultation with a specialist
- Select a different physician
- Participate in your pain management treatment to enhance your recovery
- Voice concerns regarding care received
- Consent to or decline to take part in research affecting your care
- Know about center rules that will affect you, your treatment and your payments
- Access protective services
- Access to an interpreter
- Explanation of the need for your transfer to another facility if needed
- Be free from all forms of abuse or harassment

YOU HAVE THE RESPONSIBILITY TO:

- Provide information about your present and past health history and medications
- Ask questions when you do not understand information or instructions
- Keep your health care providers informed of your level of discomfort in a timely manner to maximize the effectiveness of your pain management treatment plan
- Be considerate of the rights of other patients, center staff and center rules and regulations
- Inform us if you have an advance directive
- Comply with the treatment plan and instructions for follow-up care
- Assure financial obligation for health care services received are promptly met
- Indicate if you feel your privacy is being violated
- Indicate if you feel your safety is being threatened
- File grievances per outlined procedure



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The Surgery Center of Poplar Bluff, one of the healthcare services offered by Poplar Bluff Medical Partners, was founded when a group of local physicians teamed together to provide excellent healthcare in our community at an affordable cost. A partnership with Saint Francis Healthcare System followed, furthering our vision to bring truly superior healthcare to Poplar Bluff. Our physician and community shareholders are noted below.

This notice is intended to promote transparency and to assist you in making informed decisions regarding your care.

Donna Almond
Juergen Bertram
R. Kingsley Bost
Carl Bosley
Michael Burcham
Michael Caldwell
Shahid Choudhary
D.L. Davis
James Gieselmann
Subash Gujarati
Robert Hall
Edith Hickey
Roger Hogg
J. Michael Hoja
Donald R. Jones III
Chul Kim
Verlene Luna
David McFadden
Kenneth McVey
Narayana Memula
Chris Montgomery
Stephen Nagy

Zackwrie Parr
Angela Patterson
John Patty
Ray Peters
Donald Piland
Paul Rains
Matthew Riffle
Kimberly Schisler
Stephen Segall
Gilbert Smith
Benjamin Soeter
Yuli Soeter
Bradley Stuckenschneider
Austin Tinsley
Clint Vanlandingham
Gary Ward
Kurt Zimmer
Lance Yeoman
St. Francis Medical Center