



DISCLOSURE

ADVANCE DIRECTIVES –FINANCIAL DISCLOSURE-PATIENT RIGHTS STATEMENT –NOTICE OF PRIVACY PRACTICES

River Drive Surgery & Laser Center was created as an ophthalmic ambulatory surgery facility dedicated to providing patients with excellence in eye care in a professional and compassionate environment. Over twenty physicians in the community are partial owners that utilize the center to provide the finest level of care to their patients.

New Jersey law mandates that all health care facilities ask patients whether they have an **advance directive** or living will. At the River Drive Surgery & Laser Center, we have made this part of the admitting process. If you have an advance directive or living will, please bring a copy of it with you to the River Drive Surgery & Laser Center on the day of your scheduled procedure.

If you do not have an advance directive or living will you have the right to enter into an advance directive. An advance directive means a written statement of your instructions and directions for health care in the event of your future decision making incapacity. An Advance directive may include a proxy directive or an instruction directive, or both.

For additional information regarding advance directives you may call the New Jersey Department of Health at 800-792-8820.

☐ Yes ☐ No I have an Advance Directive or Living Will

If yes, please bring it to the RIVER DRIVE SURGERY CENTER prior to your scheduled procedure.

You have the right to make informed decisions regarding your care including the right to make decisions concerning the **right** to accept, refuse, or choose from alternatives of medical and/or surgical treatment. You have the right to privacy of identifiable health care information outlined by **HIPAA**, the Health Insurance Portability and Accountability Act

☐ Yes ☐ No My surgeon has a financial interest River Drive Surgery & Laser Center.

In accordance with Federal and State Regulations you are required to be informed if your surgeon has a **financial interest** in the River Drive Surgery & Laser Center. You may, of course seek treatment at a health care service provider of your own choice. A listing of alternative health care service providers can be found in the classified section of your telephone directory under the appropriate heading.

You will be personally responsible for the co-payment, co insurance, deductible, or other charges associated with such "out-of network" services that are not covered by your insurance carrier. I understand and agree I will be financially responsible for services rendered if I fail to provide valid information and/or referrals to the River Drive Surgery & Laser Center.

By signing this disclosure you or your legal representative, acknowledge:

- Receipt of the above information in advance of the date of surgery unless the referral to the River Drive Surgery & Laser Center is made on the same date; and the physician indicates in writing, that it is medically necessary for you to have the surgery on the same day.
- You have been informed of the financial interests of the surgeon
- You voluntarily desire to have your procedure performed at River Drive Surgery & Laser Center
- You have been informed that part or all of your procedure will be considered "out-of-network" if applicable
- You have the right to enter into an advance directive
- You have the right to make informed decisions regarding your care

Signature of Patient/Guardian_____ Witness_____

Date_____