

Patient Rights and Responsibilities Advanced Directives Notification

- Patients are treated with respect, consideration and dignity
- Patients are provided appropriate privacy
- When the need arises, reasonable attempts are made for health care professionals and other staff to communicate in the language or manner primarily used by patients
- Patients are provided, to the degree known, information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Information is available to patients and staff concerning:
 - Patient rights, including those specified in the rights and responsibilities listed above
 - Patient conduct, responsibilities and participation
 - Services available at this organization
 - Provisions for after-hours and emergency care
 - Fees for services
 - Payment policies
 - Advance directives, as required by state or federal law and regulations
 - The credentials of health care professionals
 - The absence of malpractice coverage, if applicable
 - How to voice grievances regarding treatment or care
 - Methods for providing feedback, including complaints
- Prior to receiving care, patients are informed of their responsibilities. These responsibilities require the patient to:
 - Provide complete and accurate information to the best of his/her ability about his/her health, any medications taken, including over the counter products and dietary supplements and any allergies or sensitivities
 - Follow the treatment plan prescribed by his/her provider and participate in his/her care
 - Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours if required by the provider.
 - Accept personal financial responsibility for any charges not covered by insurance
 - Behave respectfully toward all the health care professionals and staff as well as other patients
- Patients are informed of their right to change providers if other qualified providers are available

Advanced Directives Notification

- All patients have the right to participate in their own health care decision and to make Advanced Directives or to execute Power 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. One Vascular respects and upholds those rights.
- However, unlike in an acute care hospital setting, One Vascular 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 have discussed the specifics of your procedure with your physician who has answered your questions as to its risks, your expected recovery and care after surgery.
- Therefore, it is our policy, regardless of the contents of any Advanced Directives 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 resuscitate or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or healthcare Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any health care directive or health care power of attorney.
- If you wish to complete an Advance Directive, copies of the official state forms are available at our facility.
- If you do not agree with this facility's policy, we will be please to assist you in rescheduling your procedure.

Signature: _____ (Patient/Parent/Conservator/Guardian)

If signed by other than patient, indicate relationship: _____ Date: _____