

BETHESDA OUTPATIENT SURGERY CENTER, LLC

Health Care Advance Directives

When a person becomes unable to make decisions due to physical or mental change, such as being in a coma, they are considered incapacitated. To ensure that an incapacitated person's decisions about health care will be respected, the Florida legislature enacted legislation pertaining to health care advanced directives (Chapter 765, Florida Statutes).

An advance directive is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make an anatomical donation after death. Some persons make advance directives when they are diagnosed with a life-threatening illness, while others put their wishes into writing while they are healthy, often as part of their estate planning. Types of advance directives include: 1) A Living Will, 2) A Health Care Surrogate Designation, and 3) An Anatomical Donation.

Bethesda Outpatient Surgery Center does not honor advance directives, however we would like to be notified should you have one in place. Should you wish to obtain more information about advance directives, you may contact www.aarp.org or www.FloridaHealthFinder.gov (888-419-3456).

Disclosure of Ownership

Bethesda Outpatient Surgery Center, LLC is a joint venture between Bethesda Holding Company (part of Bethesda Healthcare System) and several area physicians who have chosen to treat their patients at a facility, where as an owner, they have more input into the quality of care provided to their patients.

Physician Investors include:

Joseph Chalal, M.D.	Ross Cohen, M.D.	Kenneth Garrod, M.D.
Paul Hyland, M.D.	Kenneth Kasten, M.D.	David Kay, M.D.
Marvin Kohn, M.D.	Stuart Popowitz, M.D.	Jeffrey Press, M.D.
Jeffrey Rosenfield, M.D.	Jeffrey Siegal, M.D.	Eric Shapiro, M.D.
Zorik Spektor, M.D.	Marc Matarazzo, M.D.	

Medicare patients desiring additional information may contact the Medicare Ombudsman at www.cms.hhs.gov/center/ombudsman.asp.

Patient Acknowledgement

I have reviewed the information provided regarding the Patient Bill of Rights and Responsibilities, Advance Directives, and Disclosure of Ownership and any questions have been answered to my satisfaction.

Patient Signature

Date