



Tel: 310 325 1644
Fax: 310 325 7400

CMS PRIOR TO SURGERY/PROCEDURE NOTIFICATION REQUIREMENTS

Advance Directive:

Under federal and state law, you or your representative have the legal right to make informed decisions regarding your care. It is our policy, regardless of the contents of any advanced directive or instructions from a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at Ocean Surgery Center we will initiate resuscitation 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 wisher, advance directive or health care power of attorney.

For more information on advanced healthcare directives go to http://ag.ca.gov/consumers/general/adv_hc_dir.php

I understand I have the right to make choices regarding life-sustaining treatment (including resuscitative measures).

- Yes, I have provided the facility with a copy of my Advance Directive. I have read and understand the above facility policy.
- Yes, I have executed an Advance Directive; however, I have not provided one to the facility.
- No, I have not executed an Advance Directive.

Information on how to obtain an advance directive could be found by contacting the above government site.

Patient/Guardian: _____

Date: _____

Under federal and state law, you or your representative have the legal right to a medical interpreter/sign language interpreter at no cost to you.