

RIVERWALK SURGERY CENTER, INC.

*David Heligman, MD
*John Fifer, MD
*Ed Gomez, MD
Jeffrey Kleiman, DPM
*John Mehalik, MD
*George Markovich, MD
*Richard Hood, MD
*Andrew Follweiler, DO
*Mark Farmer, MD
*Sandra Collins, MD
*Ronald Gardner, MD

PHYSICIAN OWNED FACILITY

I understand that the (*) physicians on staff at Riverwalk Surgery Center providing medical services are in fact owners in the facility. Riverwalk Surgery Center (RSC) is a free-standing ambulatory surgery center licensed by the State of Florida. The Patient Self-Referral Act of 1992, requires the center to inform you whether the physician who referred you to RSC has a financial relationship with the Surgical Center. Florida law requires that we advise you that you have the right to have the procedure performed at a facility other than RSC, and that we provide the names and addresses of two other facilities which provide the type of services provided at RSC. We are not, however, recommending that you have the procedure(s) performed at a facility other than RSC. The names and address of two other facilities at which you may have the procedure(s) performed are:

Gulf Coast Hospital, 13681 Doctor's Way, Ft Myers, FL 33912 (239) 768-5000

Lee Memorial Health System 2776 Cleveland Ave., Ft Myers, FL 33901 (239) 332-1111

By signing this form I acknowledge that I have been given and understand the Patient Self Referral information and choose to have my surgery at Riverwalk Surgery Center (RSC)

ADVANCE DIRECTIVES

In compliance with the Self-Determination Act (PSDA) and the State of Florida

Riverwalk Surgery Center (RSC) is required to notify each patient of policies regarding Advance Directives

Riverwalk Surgery Center respects and upholds the rights of all patients to participate and make decisions in their own health care. However, unlike an acute care hospital, Riverwalk Surgery Center does not routinely perform "high risk" procedures. Of course, no surgery is without risk. Therefore, it is our policy regardless of the contents of Advance Directives or instructions from a Health Care Surrogate that if an adverse event occurs during your treatment, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further treatment. By signing this form you agree to the following: I consent to all resuscitative measures as deemed necessary by my physicians in the event of a life threatening emergency. I consent to emergency transfer to another facility in case of the need for emergency hospital care. The admitting facility is not affiliated or in partnership with Riverwalk Surgery Center. Should I provide a copy of Advance Directives to RSC prior to my procedure these directives will be transferred to the emergency facility. If you wish to complete an Advance Directive, copies of the official state forms are available via the website:

<http://ahca.myflorida.com/mchq/health.facility.regulation/>

HC Advance Directives/index.shtml

GRIEVANCE PROCEDURE

All alleged grievances will be fully documented, investigated and reported to the persons in authority at Riverwalk Surgery Center. Any substantiated allegation will be reported to the State or Local authority or both. The grievance documentation will include the process for how the grievance was addressed. The patient will be provided a through written notice of its decision, within 10 days which will contain the name of the surgery centers contact person. Contact information for the State is included in the Bill of Rights.

Signature of Patient or Responsible Party

Date

Time

Printed Patient Name

Witness