

OAK TREE SURGERY CENTER

1931 Oak Tree Rd. Edison, NJ 08820

Tel: (732) 603-8603 Fax: (732) 603-8634

STATEMENT OF LIMITATION REGARDING ADVANCED DIRECTIVE

In the state of New Jersey, all patients have the right to participate in their own healthcare decisions and to make Advanced Directives or to execute Powers 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. Oak Tree Surgery Center respects and upholds those rights. However, unlike in an acute care hospital setting, Oak Tree Surgery Center does not routinely perform “high risk” procedures. While no procedure is without risk, most procedures performed at this center are considered to be at minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions regarding its risks, your expected recovery, and care after your procedure. Our team is dedicated to delivering the highest quality care in a safe environment that places the patient at the center of our care. CMS (CRF 416.50 Conditions from Coverage) permits us to decline to implement certain elements of your Advanced Directive, based on our conscience and commitment to patient care.

It is the policy of Oak Tree Surgery Center that if an adverse event occurs during your procedure or treatment, the medical surgical team will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. We will share your Advanced Directive with the caregivers at the acute care hospital where you are transferred. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive or health care power of attorney. If you do not agree with our facility policy, we will assist you to reschedule your procedure in a facility more suited to meet your healthcare needs.

Do you have an Advanced Directive? YES NO

- If “YES” I have an Advanced Directive and it was provided to the Facility.
- I have an Advanced Directive and it was **NOT** provided to the Facility.

- If “YES” I agree to proceed with my scheduled procedure and authorize the suspension of my Do Not Resuscitate / Advanced Directive while at the surgery center. **
- I **DO NOT** agree to proceed with my scheduled procedure and authorize the suspension of my Do Not Resuscitate / Advanced Directive while at the surgery center.

- If “NO” I would like information regarding creating an Advanced Directive.
- I do not want information regarding creating an Advanced Directive.

Patient Signature

Date

Witness Signature

Date

Physician Signature **

Date

** Physician signature required when patient is authorizing the suspension of the Do Not Resuscitate / Advanced Directive