

Cooper Clinic Ambulatory Surgery Center

Pre-Procedural Acknowledgment Form



(479) 274-3101 (800) 333-1305

IMPORTANT

Complete and **SIGN THIS PAGE**, then return it to the Cooper Clinic Ambulatory Surgery Center.

This acknowledgment sheet must be received BEFORE the date of your procedure or your procedure cannot be performed as scheduled.

This is a requirement of the Centers for Medicare and Medicaid Services (CMS) and applies to ALL patients regardless of insurance coverage. We apologize for any inconvenience.

Mail to: Cooper Clinic ASC, PO Box 3528, Fort Smith, AR 72913

Or FAX to: (479) 274-3289

**Or Drop Off: Main Cooper Clinic building,
1st floor Lobby or 2nd floor Surgery Center receptionist.**

Name _____ Date of Birth _____
please print

Procedure _____

I, the undersigned, acknowledge that I have received the following information prior to the day of my procedure:

- Patient's Rights & Responsibilities
- Disclosure Announcement
- Financial Services Information
- Advance Directive Information

Patient Signature _____ Date _____
date signed



PATIENT'S RIGHTS AND RESPONSIBILITIES

Cooper Clinic Ambulatory Surgery Center recognizes the intrinsic dignity of the person and respects the rights of the patient set forth below. Specific organizational policies and procedures describe the mechanism by which these rights are protected and exercised.

PATIENT RIGHTS: Cooper Clinic Ambulatory Surgery Center supports the right of each patient:

1. To reasonable response to requests and needs for safe and effective medical care, treatment, and services without regard to race, creed, age, sex, national origin, religion, or handicap.
2. To respect, comfort, personal dignity, and personal privacy.
3. To make decisions regarding health care treatment and services, in collaboration with his/her physician and his/her family (as appropriate and as allowed by law), including the right to accept or refuse treatment and to be informed of the medical consequences of refusal; and the right to formulate advance directives, have practitioners who provide care comply with these directives and appoint a surrogate, to the extent permitted by law;
4. To appropriate assessment and management of pain;
5. To receive information necessary to make treatment decisions and to participate in the development and implementation of his/her plan of care;
6. To appropriate communication needs, and the provision of interpretation and translation services including needs for impairment of vision, speech, hearing, language, and cognitive ability;
7. To receive, prior to the time of admission, information about the Cooper Clinic Ambulatory Center's patient rights policy and information concerning the expression of concerns about quality of care and the Surgery Center's mechanism for handling these. Patients may express any such concerns or freely voice any complaints to the employee involved, the supervisor, CMO or CEO, verbally or in writing. Patients will receive a response in a reasonable time period;
8. To participate in the consideration of any ethical issues that arise in the care of the patient;
9. To respect for the sanctity of the human body after death;
10. To be informed of any experimentation or other research or educational projects affecting care or treatment;
11. To personal privacy and confidentiality of information, within the limits of the law and the operational requirements of the Surgery Center;
12. To access to the information contained in the patient's medical record, within the limits of the law and the operational requirements of the Surgery Center, unless it is not medically advisable to do so; in which case, the information shall be given to the legally authorized representative;
13. To reasonable safety in practices and the environment; to receive care in a safe, secure setting and have personal possessions reasonably protected;
14. To be free from any form of restraints (physical restraint or drug being used as a restraint) that is not medically necessary or is used as a means of coercion, discipline, convenience, or retaliation by staff. To be aware that a restraint can only be used if needed to improve the patient's "well-being" and less restrictive interventions have been determined to be ineffective;
15. To be free from all forms (including mental, physical, sexual, and verbal) of abuse, neglect, exploitation, or harassment from anyone including staff, students, volunteers, or other patients, visitors or family members. Patients have the right to assistance in accessing protective and advocacy services;
16. To receive a medical screening exam by an appropriate person to determine if an emergency medical condition exists.

If the patient has been adjudicated incompetent, is declared by his/her treating physician to be medical incapable of making treatment decisions, or is a minor, these rights may be exercised by the patient's guardian, next of kin, or legally authorized surrogate to the extent permitted by law.

PATIENT RESPONSIBILITIES:

Cooper Clinic Ambulatory Surgery Center recognizes the responsibilities of each patient:

1. To provide accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to the patient's health;
2. To report changes in his/her condition to the physician and to the nursing staff;
3. To ask questions until he/she clearly comprehends the contemplated course of action and what is expected of him/her;
4. To follow the plan of care recommended by the physician and the Surgery Center staff;
5. To be responsible for his/her actions if he/she refuses treatment or does not follow the doctor's orders;
6. To follow Surgery Center rules and regulations affecting his/her care and conduct;
7. To be considerate of other patients and Surgery Center personnel and assist in the control of noise and the number of visitors;
8. To assure that his/her financial objections for health care received are fulfilled as promptly as possible;
9. To understand that the right to be involved with healthcare decisions cannot be equated with the ability to demand medically unnecessary treatment or care;
10. To abide by State regulations regarding no smoking on the Clinic campus;
11. To provide a signed copy of existing Advance Directives; and
12. To take an active role in promoting a safe environment by asking questions and reporting any safety issues to the Surgery Center staff.

MECHANISM FOR RESOLVING CONCERNS ABOUT CARE:

When concerns regarding care arise, the patient or family member should discuss the issue with his or her physician if it involves services provided by the physician, or with his/her nurse for Surgery Center/nursing concerns. If the issue is not resolved at this level, the patient/family member has the right to discuss the issue with the appropriate Surgery Center supervisory staff, and/or the Chief Medical Officer (CMO) or Chief Executive Officer (CEO). Written comments, complaints, or suggestions can be sent directly to the CMO or CEO. The patient or family may request that a written response be received. In those instances, a written response will be sent from a Cooper Clinic representative. Every good faith effort will be made to resolve the conflict or address the concern. When a concern about care surfaces, Cooper Clinic perceives it as an opportunity to improve services and in no way serves to compromise the quality of a patient's care or accessibility to future quality care. Concerns regarding patient care issues may be sent to the Division of Health Facility Services of the Arkansas Department of Health (5800 W. Tenth, Ste. 400, Little Rock, AR 72204-1704) which is the regulatory agency for health care in the state of Arkansas. The phone number for the Division of Health Facility Services is (501) 661-2201.

Medicare patients may also contact the website for the Office of the Medicare Beneficiary Ombudsman at www.cms.hhs.gov/ombudsman/resources.asp.



Cooper Clinic Ambulatory Surgery Center **Disclosure Announcement**

We are pleased to inform you that the Cooper Clinic Ambulatory Surgery Center, located on the second floor at 6801 Rogers Avenue, is wholly owned by the physicians of Cooper Clinic, P.A. A complete listing of our physicians is available at the front desk in the Clinic's main lobby. We are licensed by the state of Arkansas to provide outpatient surgical and endoscopic procedures.

It is our goal to provide our patients consistently high quality care—the kind of care we want for members of our own family. The Cooper Clinic Ambulatory Surgery Center is a state-of-the-art surgical center providing convenience for patients in terms of location, access, scheduling and hours of operation. Our well-trained staff offers excellent service to our patients.

We recognize that you have a choice in the selection of the facility where you receive care. We appreciate the confidence you have shown in selecting our Ambulatory Surgery Center for your procedure.



Cooper Clinic Ambulatory Surgery Center Financial Services

Financial Services Information

Your physician and the Ambulatory Surgery Center Staff want you to have the best experience possible. This financial information is designed to help you understand the events and procedures involved in your upcoming procedure. We hope you will find it useful. Please ask us if you have any questions.

Things to Remember

Remember that you must have a responsible adult to remain with you before, during, and after surgery. This person must be able to drive you home when you are discharged. Please make arrangements accordingly. A parent or legal guardian must accompany any patient under the age of 18. Please be aware that your surgery will be cancelled if these instructions are not followed.

Remember, if your Private or Group Insurance, Medicare, Medicare Supplemental Insurance, Workers Comp Insurance and/or Medicaid Coverage require referral numbers, claim numbers and/or pre-certification, you must call your insurance company, primary care physician, case manager and/or employer to obtain the required information. **PLEASE BE AWARE THAT SOME INSURANCE COMPANIES WILL PENALIZE THE INSURED IF THESE PROCEDURES ARE NOT FOLLOWED.** If you have any questions or concerns about your insurance policy, please contact your insurance company and/or employer. If you need any assistance determining if you have the proper information, or if you have any questions or concerns about self-pay accounts, please call the patient financial counselor prior to your surgery. Cooper Clinic's business office hours are Monday through Friday 8:00 a.m. to 5:00 p.m. at (479) 274-2100.

Remember to make arrangements for the care of small children. Please do not bring small children with you on the day of your procedure.

Remember if you need to reschedule your procedure appointment to notify your physician's office at your earliest convenience.

Financial & Billing Information

Charges for outpatient procedures vary with the type of procedure. Additional charges will be made for any necessary x-rays or laboratory tests. You may receive separate charges from your doctor, the anesthesiologist, and the pathologist, depending upon your individual case.

Pre-Certification

Cooper Clinic Ambulatory Surgery Center does not assume responsibility for pre-certification of services. It is the responsibility of the patient to have his/her procedure pre-certified in cases where pre-certification is required.

Referrals

Cooper Clinic Ambulatory Surgery Center does not assume responsibility for obtaining referrals for services. It is the responsibility of the patient to obtain his/her referral in cases where referrals are required.

Patients with Group or Private Insurance and Medicare Coverage

We will gladly file your insurance claim, provided all insurance benefits are assigned to Cooper Clinic. As a courtesy, we will estimate your deductible and the portion not covered by your insurance. If you have a supplemental insurance and provide us with the necessary information, we will file those claims for you, provided all insurance benefits are assigned to Cooper Clinic. The amount not covered by your insurance is your responsibility.

Patients with Medicaid Coverage

Cooper Clinic billing office will file your Medicaid claim if you have a current Medicaid card and a referral from your primary care physician (if applicable). If the Medicaid program does not pay your account in full, you will be billed for non-covered charges and payment will be considered due and payable.

Patients with Workers Comp Coverage

Cooper Clinic billing office will file your Workers Comp claim if you have a current claim established with your employer, provided all insurance benefits are assigned to Cooper Clinic. Any claims denied by Workers Comp will be considered due and payable.

Patients not covered by Insurance

Cooper Clinic requires all elective surgery procedures not covered by insurance to be paid in advance of your surgery date. All other surgical procedure charges are considered due and payable on date of service.

Patient Financial Counselors

The Cooper Clinic Patient Financial Counselors can help you in making financial arrangements and will answer your questions concerning your account. For information, please contact the Patient Financial Counselors at (479) 274-2100, Monday through Friday 8:00 a.m. to 5:00 p.m.

Payment Options

1. Cash or Check
2. Visa, MasterCard, or Discover

We appreciate the trust and confidence you have placed in us for your health care needs.



The Right to Choose...
ADVANCE DIRECTIVE INFORMATION

*Completing an Advance Directive is
NOT REQUIRED for you to undergo your procedure.*

State Law

Under the Arkansas law, if you are a competent adult age 18 or older, you have the right to participate in making your own medical treatment decisions, including the right to accept or refuse specific forms of health care. The law allows you to complete written declarations, known as Advance Directives, containing instructions as to the kinds of health care decisions you wish to have made on your behalf if you become terminally ill or permanently unconscious and unable to make such decisions on your own.

The law allows you to appoint a health care proxy. This is a person, 18 years of age or older, who can make health care decisions for you when you are unable to make these decisions.

To be effective, your declaration must be signed by you or by someone else acting at your direction and must be witnessed by two individuals. A declaration becomes effective when the following have occurred:

1. The declaration is communicated to your attending physician.
2. Your attending physician and another consulting physician together determine that you are in a terminal condition or are permanently unconscious and no longer able to make decisions regarding the administration of life-sustaining treatment.
3. An advance directive will be followed only when you are unable to make health care decisions for yourself.
4. You must bring a copy of your advance directive to the Surgery Center upon admission so that your wishes may be respected.

Basic Principles

Advance Directives are one way to assist health care professionals in providing you with the care that you would wish when you are unable to decide for yourself. Some basic principles are respected in the use of Advance Directives at Cooper Clinic Ambulatory Surgery Center.

- Each competent person has the right and responsibility to make his/her own health care decisions. These decisions should be informed, reasonable choices which include the right to refuse or discontinue life-sustaining treatment that is ineffective or overly burdensome.
- Each patient has the right to care and comfort including the right to sufficient pain medications to alleviate pain.
- Every patient will receive quality care and comfort whether or not the patient has an advance directive and whether or not the patient or his/her proxy has refused life-sustaining treatment in a terminal illness.

- During illnesses, especially terminal illnesses, the Cooper Clinic Surgery Center strives to protect the dignity of the human person at all times.

To plan ahead for the time when you may be faced with decisions about your medical treatment or the use of artificial life support, you might consider making advance directives for your health care. Think about the following situations:

- What treatment would you choose or refuse if you became temporarily or permanently unable to make or communicate decisions about your medical care, and a family member or friend must make decisions for you?
- What would you choose if you were terminally ill and your death were imminent?
- What would you choose if you had no possibility of recovery from an unconscious state or were permanently dependent on artificial life support?

Common Questions About Advance Directives

What is an Advance Directive?

This is a written, signed and witnessed document which gives direction for your health care decisions when you are no longer able to make these decisions and become unable to speak on your own behalf. The advance directive may also name a health care proxy to make these decisions on your behalf.

What is a Health Care Proxy?

A health care proxy is sometimes referred to as a surrogate decision maker or as a health care personal agent. The health care proxy will make decisions about your health care when you become incompetent and no longer able to make these decisions for yourself.

Who may I name as a Health Care Proxy?

Any adult over the age of 18. This person should be someone you trust to know and carry out your wishes and with whom you have discussed these issues.

What are the benefits of having an Advance Directive?

An advance directive allows you to clearly state your wishes about your health care when you are no longer able to make these decisions for yourself.

An advance directive also guards against confusion and conflict among family members, health care providers, or significant others as to your wishes, and may make these situations easier for the significant others in your life.

Some treatments are begun as a trial to see if these treatments would cause improvements. If no improvements are seen, then the treatment is discontinued.

What are other names for Advance Directives?

An advance directive is sometimes called a living will, a durable health care power of attorney, a declaration for health care, a health care directive, or a health care surrogate.

What is the difference between a Living Will and a Durable Power of Attorney or Declaration for Health care?

A living will usually directs that under certain circumstances, such as a terminal illness, certain treatments which may only prolong the dying process not be done.

A durable power of attorney or declaration for health care appoints a health care proxy to make health care decisions.

Who decides if I am competent?

Since the advance directive takes effect only if you are both in a terminal condition and incompetent or permanently unconscious, that is, unable to make your own decisions, Arkansas state law provides that this be determined by your attending physician and a second physician in consultation.

Does having an Advance Directive mean that I am automatically considered a “no code” when I am in the surgery center or hospital?

NO. Advance directives are NOT the same as a “No Code” Order. A “No Code” Order can be given only by the patient’s physician. Generally this is done after discussion between the physician and the patient or his/her proxy when the patient has a terminal illness, is permanently unconscious, or is in the process of dying.

Will my Advance Directive be honored in an emergency situation?

Probably not immediately. Since it is usually impossible in an emergency situation to determine the patient’s chances of survival, all possible support is mobilized to maximize those chances. The patient’s consent for treatment is presumed until stabilization occurs and a prognosis is made; then the advance directive can be implemented if the circumstances are appropriate.

Is it wrong to stop a treatment once it has begun?

No. There are many reasons to stop treatments.

Sometimes the treatment is no longer needed. For example, mechanical ventilators are usually used for a few hours after heart surgery as a routine treatment.

Sometimes the treatment does not work. For example, CPR may be begun on a person, but if the heartbeat does not resume after a reasonable amount of time, then the treatment is useless and it is stopped.

Sometimes the person receiving the treatment decides that the burden and discomfort of the treatment is too great and stops it. For example, a person may start kidney dialysis, and after several weeks or months may decide to discontinue this treatment.

If I change my mind, how can I cancel my Advance Directive?

A directive may be revoked at any time and in any manner by the declarant. A Revocation is located on the bottom of the Advance Directive page. Sign this Revocation and notify all persons who have a copy, especially your physician. If you are in a health care facility, let the nursing staff know your wishes so that they can make a notation to that effect in your medical record.

Who should have a copy of my Advance Directive?

Bring a copy of your advance directive to the hospital each time you are admitted. You will want to provide copies to your physician, your health care proxy and any family members that you deem necessary.

When will an Advance Directive not be honored according to Arkansas Law?

The advance directive is suspended while a patient is pregnant and the fetus could develop to the point of a live birth.

Health care providers are not required to perform actions against their conscience, religious beliefs, or sincerely held moral beliefs.

No physician or health care facility is required to give care that is contrary to reasonable medical standards.

Mercy killing and active euthanasia are prohibited.

A physician who declines to comply with your advance directive must tell you and transfer your care to another physician as soon as practical.

Cooper Clinic Surgery Center Policies

It is the aim of the Cooper Clinic Ambulatory Surgery Center to serve our patients' well-being through the provision of quality health care. In keeping with this goal, we recognize that persons may refuse health care treatment when the burdens or risks caused by the treatment are greater than the expected benefits. Burdens include, but are not limited to, physical discomfort, financial concerns or conflicts with a person's values.

In keeping with our goal to serve our patient's well-being, the Cooper Clinic Ambulatory Surgery Center may question a person about his/her refusal of treatment which seems clearly beneficial to the patient and causes little burden.

Cooper Clinic Ambulatory Surgery Center does not honor requests that are illegal. Requests for euthanasia or mercy killing will not be honored.

For further information, please call (479) 274-2000 to reach Betty Maddox, Director of Ambulatory Surgery Center, or Rebecca Fleck, M.D., Chief Medical Officer.



The Right to Choose... ADVANCE DIRECTIVE

*Completing an Advance Directive is
NOT REQUIRED for you to undergo your procedure.*

Information

Legislation was enacted in the State of Arkansas in 1987 allowing individuals to state their intentions regarding the use of life-sustaining treatments when they have a terminal condition or are permanently unconscious.

It is important that a person inform the family and physician about his/her treatment preferences to guide their decision making at the time the person becomes unable to speak for themselves.

Because of the complexities of the decision facing the terminally ill, there has never been an era in medicine in which clear lines of communication have been more important.

It is now essential that individuals make declarations that give clear evidence of their specific wishes to ensure that these wishes will be honored in the event he/she is unable to speak on his/her own behalf. This can best be accomplished by means of a written Advance Directive.

When you are considering the serious issues regarding your own treatment, some very important questions must be addressed. You need to understand your medical condition or diagnosis, what can be done for you in this illness, what the consequences will be if you undergo the treatment and procedure, what the consequences will be if you refuse treatment, and what other choices you have, including the choice of other physicians.

Whom to tell

Communication of your wishes is essential. For greater clarification and assurance that the medical treatment and procedure that you want and do not want will be respected, be sure to provide photocopies of this document to your:

- Physicians
- Family Members
- Health Care Proxy (if any)
- Close Friends
- Clergy

In addition, bring your Advance Directive each time you are hospitalized. The admitting clerk will place a copy in your chart.

Advance Directive

If I should have an incurable or irreversible condition that will cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain.

If I should become permanently unconscious, I direct my attending physician, pursuant to the same Act, to withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain.

These life-sustaining treatments which may be withheld or withdrawn include, but are not limited to:

Antibiotics
Artificially Administered Feeding & Fluids
Cardiac Resuscitation
Respiratory Support
Surgery

Should there be any doubt as to these directions, I appoint _____ as my Health Care Proxy to decide whether life-sustaining treatment should be withheld or withdrawn.

Signed this _____ day of _____, 20____.

Declarant Signature _____

Address _____

The declarant voluntarily signed this writing in my presence.

Witness _____

Address _____

Witness _____

Address _____

This directive complies with the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act, (Act 713, 1987).

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Revocation Provision

I hereby revoke the above declaration.

Signed _____ Date _____