

NOTICE TO PATIENT

Physician Financial Ownership

We are required by Federal law to notify you that physicians have financial interests or ownership in this ASC. We are required by 42 C.F.R. § 416.50 to disclose this financial interest or ownership in writing prior to the surgical procedure.

A list of physicians who have a financial interest in this ASC is listed below:

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|------------------------------|----------------------------|
| 1. Dr Sherebanu Gaslightwala | 10. Dr Levi Young |
| 2. Dr. Alicia Hillman | 11. Dr Michael Dempewolf |
| 3. Dr Maureen King | 12. Ascentist ASC SLS LLC. |
| 4. Dr Michael Magee | |
| 5. Dr Bettina Lowe | |
| 6. Dr Julie Martin | |
| 8. Dr Brenden Mitchell | |
| 9. Dr Angela Piquard | |

Advance Directive Policy Statement

We are required by Federal law to provide the patient, patient representative or surrogate written information concerning its policies on advance directives, including a description of applicable State health and safety laws and if requested, official State advance directive forms. We also must inform the patient, patient representative or surrogate of your right to make informed decisions regarding the patient's care. 42 C.F.R. § 416.50 (c)

I understand that there are several types of advance directives; the two most common forms are living wills and durable power of attorney designation. All patients have the right to participate in their own healthcare decisions and to make advance directives or execute Powers of Attorney that authorize others to make decisions on their behalf based on the patients expressed wishes.

This Facility will honor the intent of the advance directive to the extent permitted by law, and subject to the limitations on the basis of conscience. This Facility performs elective procedures that generally enhance or improve the patient's quality of life, therefore; in the event of a medical emergency, it is the policy of this Facility to initiate resuscitative measures and transfer the patient to the hospital for further evaluation. When permitted by State law. At the hospital, further treatments or withdrawal of treatment measures may be exercised in accordance with your Advance Directive or Power of Attorney. If you do not agree with this policy please address this issue with your physician prior to the procedure.

This policy applies to all patients having a procedure performed at this facility.

(To be given to all patients at the beginning of their out-patient visit.)