

Meadow Lake Surgery Center Documents for Review and Signing on the Morning of Surgery

#1

Consent to operation, administration of anesthetics, and rendering of other medical services

I understand I have the right and obligation to make decisions concerning my health care, and that almost all surgery, whether performed in office or in a hospital, is elective. I have had ample time to consider the alternatives, and have elected to proceed with the proposed surgical treatment; therefore,

1. I authorize and direct Mark D. Wigod, M.D., my surgeon, and whomever he/she designate as his/her assistant, to perform upon myself the following operation:
Operation?

If any unforeseen condition arises in the course of this operation or procedures are performed in addition to, or different from those now contemplated, I further request and authorize him/her to do whatever he/she deems advisable and necessary in these conditions.

2. I hereby authorize and consent to such additional services for me as my above named surgeon and/or his/her associate and assistants may deem reasonable and necessary, including, but not limited to: the administration and maintenance of anesthesia, and medications and the performance of services involving pathology and radiology.
3. The nature of the operation has been explained to me. I realize that common to surgical procedures is potential for pain, infection, scar, bleeding, need for further surgery, blood clots in veins and lungs, hemorrhage, allergic reactions, other major medical complications, including even death.
4. I recognize that the practice of medicine and surgery is not an exact science and that the result may not meet my expectations or the goals that have been established. I acknowledge that no guarantee, warranty, or assurance has been made as to the results or the cure that may be obtained.
5. I hereby consent to the disposition by the pathologist of any tissues or parts which may be removed.
6. I hereby consent to obtaining my blood for testing in the event of a medical emergency or for HIV, Hepatitis B and /or Hepatitis C if needed while under anesthesia.

7. FEMALE PATIENTS ONLY-Sign one:
Pregnant?
 8. I certify that I have had nothing to eat or drink for eight (8) hours or:
NPO Status- Last drink/meal
 9. I AFFIRM THAT I HAVE AGREED TO BE DISCHARGED TO HOME AFTER SURGERY UNLESS I DO NOT MEET DISCHARGE CRITERIA. I FURTHER UNDERSTAND THAT BECAUSE THIS TREATMENT IS BEING PERFORMED IN AN OUTPATIENT SETTING, THERE IS A GREATER RESPONSIBILITY ON ME TO FOLLOW THE POSTOPERATIVE INSTRUCTIONS, BOTH VERBAL AND WRITTEN, WHICH HAVE BEEN FURNISHED TO ME. I UNDERSTAND THAT I MAY BE ADMITTED TO A HOSPITAL UNDER URGENT OR EMERGENT CIRCUMSTANCES AND WILL BE RESPONSIBLE FOR ALL INVOLVED COSTS.
 10. I understand the undisclosed use of substances or presence of health conditions may increase the possibility of perioperative problems. I assume all risks which may result to my failure to disclose such matters prior to treatment.
 11. I understand that my medical records may be presented for peer review to another plastic surgeon as is required by the accrediting agency of this ambulatory surgery center.
-

2

Consent for Anesthesia Services

I acknowledge that my doctor has explained to me that I will have an operation or treatment procedure. My doctor has explained the risks of the procedure, advised me of alternative treatments and told me about the expected outcome and what could happen if my condition remains untreated. I also understand that anesthesia services are needed so that my doctor can perform the operation or procedure.

It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack, or death. I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia service checked below will be used for my procedure and that the anesthetic technique to be used is determined by many factors

including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my own desire. It has been explained to me that sometimes an anesthesia technique which involves the use of local anesthetic, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

I hereby consent to the anesthesia service checked above and authorize that it be administered by a Certified Registered Nurse Anesthetist or Registered Nurse (for IV Sedation only) designated by Dr. Wigod, all of whom are credentialed to provide anesthesia services at this health facility. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by them. I understand that in the event of an anesthetic problem, I may require transport to a medical center and will be responsible for all related costs. I expressly desire the following considerations be observed _____.

#3

Advance Directives

Meadow Lake Surgery Center and Mark D. Wigod, MD, PA believes patients should have the right to make their own medical treatment decisions and execute Advance Directives.

Advance Directives are documents that allow an individual to make their wishes known in advance of treatment regarding end-of-life care and whom they wish to make health care decisions for them if they should ever become unable to speak for themselves.

Meadow Lake Surgery Center will ask all patients over 18 years of age whether or not they have an Advance Directive or wish to execute an Advance Directive and have a copy placed in their chart. Patients are not required to have an Advance Directive and it will not affect their care while being treated in MLSC.

The following documents are provided by Idaho's Attorney General. You may receive a copy of these documents upon request. These documents are meant to inform the patient of their options. Patients are encouraged to speak to their family and seek counsel from their physician or attorney as needed.

#4

Patient Bill of Rights

- A patient has the right to respectful care given by competent personnel.
- A patient has the right to consideration of privacy concerning his/her own medical care program. Care discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.
- A patient has the right to know the identity and professional status of individuals providing service to him/her. This includes the patient's right to know MLSC is owned and maintained by Dr. Mark D. Wigod. The patient has the right to know where alternatives for surgery exist.
- A patient has the right to have records pertaining to his/her medical care treated as confidential except as otherwise provided by law or third party contractual arrangement.
- A patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
- A patient has the right to full information in layman's terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the responsible person.
- A patient has the right to refuse medical treatment and to know the consequences of such action. The patient's refusal will free MLSC from obligation to provide treatment.
- A patient has the right to expect emergency procedures to be implemented without unnecessary delay.
- A patient has the right to know that in the event of an emergency or that if recovery at MLSC is prolonged, it may be necessary for him/her to be transferred to St. Luke's Meridian Hospital. An explanation of the need for transfer will be given to the patient. In the event of an emergency, an explanation will be given to the patient's representative. The patient is responsible for all associated transfer and hospital fees.
- A patient who does not speak English shall have access, where possible, to an interpreter.
- A patient has the right to medical and nursing services without discrimination based upon age, race, color, religion, sexual orientation, national origin, handicap, disability or source of payment.
- A patient has the right to be informed by the physician or the physician's delegate responsible for his/her care, of any continuing health care requirements following discharge from MLSC.

The staff of Meadow Lake Surgery Center and Mark D. Wigod, MD, PA are committed to providing quality care for their patients. Should you have a

complaint related to Meadow Lake Surgery Center or Mark D. Wigod, MD, PA please contact the Administrator at 208-377-9515.

If your complaint is not resolved to your satisfaction, you may contact:

Office of the Medicare Ombudsman at:

www.cms.hhs.gov/center/ombudsman.asp

[<http://www.cms.hhs.gov/center/ombudsman.asp>](http://www.cms.hhs.gov/center/ombudsman.asp)

Presentation of a complaint will not compromise your care under any circumstances.

Patient Responsibilities

- The patient has the responsibility to provide complete and accurate information relating to his/her state of health. This includes past illnesses, hospitalizations, present complaints, and medications.
- The patient is responsible for following the care plan recommended by the practitioner for his/her care including instructions from nurses and other allied health personnel. The patient should report all unexpected changes in their condition to their physician and MLSC staff.
- The patient is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.
- MLSC expects the patient to be considerate of other patients and staff in regard to noise, smoking and number of visitors in the patient areas. The patient is also expected to respect the property of MLSC and other persons.
- The patient is expected to follow all safety regulations he/she has been instructed to read.
- The patient is responsible for assuring the financial obligations of his/her healthcare are fulfilled as promptly as possible.