

Permit for treatment: Each patient of the surgery center is admitted under the care of his/her attending practitioner. Practitioners of the Medical Staff are not employees of the Surgery Center. The undersigned consents to admission to the Surgery Center by his/her attending practitioner as a member of the Medical Professional Staff and for any consultant, assistant, or designee whom he may call to his aid for ordinary treatment. Permission is given for all services rendered by the Surgery Center and to authorize the use and disposal of any tissue or specimen removed during surgery in any customary manner, or as be directed by the attending physician.

- My scheduled procedure has been explained to me by my surgeon and I am aware of the **risks, benefits, and alternatives involved.**
- I authorize my surgeon or his/her designee to **make photographs or video recordings** of my surgical procedure to be used only for the purpose of medical records.
- I authorize **physicians in training or medical/nursing students** to observe and/or participate in my surgery when they are in attendance as part of their education.
- I authorize any **vendor representatives** who are requested by my physician to be present during my procedure. I understand they have signed a confidentiality agreement/liability waiver.
- In the event of an accidental exposure of my blood or bodily fluids to a physician, contractor, or employee of the facility, I consent to testing for HIV and Hepatitis.
- I understand that if I am pregnant or if there is any possibility that I may be pregnant, **I must inform the facility immediately** since the scheduled procedure could cause harm to my child or myself.
- **Weapons/Explosives/Drugs:** I understand and agree that if the Surgery Center at any time believes there may be a weapon, explosive device, illegal substance or drug, or any alcoholic beverage in my room or in my belongings, they will confiscate any of the above items that are found, and appropriately dispose or deliver to law enforcement authorities.
- **Valuables: Please do NOT** bring any valuables to the Surgery Center. The facility will NOT be responsible for any losses.
- I understand that it is my responsibility and I have arranged for a responsible adult to drive me home and remain with me following my surgery. I acknowledge that I have been advised by facility personnel not to drive until the effects of any medications have worn off. I understand this to mean that I should not drive until the day after my surgery/procedure or as directed by my physician.
- I understand that in the rare event if hospitalization is required during or immediately after surgery, my physician will arrange for my transfer to a local hospital.
- **Advanced directives (Advance Directives/Living Will/Health Care Proxy):** I understand that I have the right to make choices regarding life-sustaining treatment (including resuscitative-measures). The facility has explained to me their policy, that if an adverse event occurs during my stay, based on reason of conscience, all reasonable efforts will be taken to revive me, including resuscitative or other stabilizing measures and I agree to proceed with the proposed procedure as scheduled.

TDSHS/AAHC: Complaints should be directed to The Texas Department of State Health Services or through Accreditation Association for Ambulatory Health Care, Inc. If you are unable to settle your complaint directly with the Texas Health Surgery Center, complaints may be directed to the address provided.

We are committed to providing the highest level of patient care. To better serve you, we ask for your feedback regarding your visit at Texas Health Surgery Center Preston Plaza. By providing us your email address, you may receive a survey within 72 hours of discharge.

PRIVACY STATEMENT: *We are committed to protecting the confidentiality of our patient's information and identities, under no circumstances will your information be disclosed or used for marketing purposes.*

- **Financials:** Texas Health Surgery Center Preston Plaza will review your insurance to make sure we are a participating provider prior to your visit. Cost given and collected is an estimate based on the information provided by your insurance company, and the procedure codes associated with your scheduled procedure. Final pricing will be determined at the time your claim has been successfully processed and paid by your insurance provider. You will be financially responsible for any excess copays, deductible and coinsurance amounts that are associated with your procedure.

FOR QUESTIONS REGARDING THE SURGERY CENTER FEE PLEASE CALL OUR BILLING OFFICE AT 469-250-6464

- **Professional/ancillary services:** Individuals providing Professional or Ancillary Services generally DO NOT work for Texas Health Surgery Center Preston Plaza. Examples include: **Physician Office Fees, Anesthesiologist, Certified Registered Nurse Anesthetist (CRNA), Pathologist, Radiologist, Laboratory Services, Neuromonitoring.** Charges for these services are billed separately from Texas Health Surgery Center Preston Plaza. Because of these separate billing practices we cannot ensure professional/ancillary services are contracted with your insurance company's "provider network". If an out of network professional provides services it is possible that you will be responsible.

Texas Health Surgery Center Preston Plaza Physician Financial Interest and/or Ownership

Texas Health Surgery Center Preston Plaza is proud to have physician investors. This involvement ensures the highest quality of surgical care for our patients and enables our physicians to have a voice in the administration of policies. Patients have a choice where their surgery is performed, If you prefer to use another center, please contact your physician. We are making this disclosure in accordance with state and federal regulations. The following physicians have a financial interest and/or ownership in Texas Health Surgery Center Preston Plaza.

*Aamer Agha, MD
Dale D. Burluson, MD
Dean A. Cione, MD
Kenneth Dauber, MD
J. Richard Evanson, DO
Thomas Frank, MD*

*Dawn M. Grosser, MD
Michael Howard, MD
Matthew Hughes, MD
Thanh Le, MD
Earl Lund, MD
John E. McGarry, MD
John Moore, MD*

*Duncan Ramsey, III, MD
Atif Saleem, MD
Ramsey Stone, MD
Daniel Sunwoo, MD
Randall Troop, MD
S. Blake Wallace, MD*