



NOTICE OF POLICY REGARDING ADVANCED DIRECTIVES

I understand that advanced directives are **not** honored at *Ponte Vedra Surgery Center* and that in the case of an emergency or life threatening situation, advanced cardiac life support procedures will be carried out to the fullest in every instance and that patients will be transferred to *Baptist Beaches Hospital* where a higher level of care will be rendered.

Patient's or Gardian's Signature

Witness Signature

Date

Date

NOTICE OF DISCLOSURE OF OWNERSHIP INTEREST

Under current Florida Law, the *Ponte Vedra Surgery Center* may not provide items or services to a Patient signs a written notice disclosing such matters.

Please be advised of the following:

- *Ponte Vedra Surgery Center* may have a financial relationship with your physician as indicated above
- A schedule of typical fees for the services provided by *Ponte Vedra Surgery Center* is available at your request
- You have the right to choose where to receive services - including an entity in which your physician may have a financial relationship.
- Two alternate sources of the services provided by the *Ponte Vedra Surgery Center* are available upon Request

By providing these names, *Ponte Vedra Surgery Center* is merely complying with legal requirements

By my signature below, I am acknowledging that I have received a copy of the *Notice of Disclosure of Ownership* interest and have had all questions answered to my satisfaction. I, hereby, declare this on the date set forth below.

Patient's or Gardian's Signature

Witness Signature

Date

Date