NOTIFICATION OF OWNERSHIP AND ADVANCE DIRECTIVES

DISCLOSURE OF OWNERSHIP INTEREST

In accordance with Federal ASC Regulations (42 C.F.R. 416.50 (a) (ii)), the following ownership disclosure is made in advance of the procedure.

Pain Specialty Center of Atlanta, P.C., is owned by the physicians of Physician Pain Specialists, P.C. and Physician Specialists in Anesthesia, P.C. The physician who will be performing your procedure is an owner. You have the right to choose the provider of your health care services. Therefore, you have the option to use a health care facility other than Pain Specialty Center of Atlanta, P.C.

By signing below, you, or your legal representative, acknowledge that this disclosure has been made in advance of the date of the procedure, and that you have decided to have the procedure performed at the Pain Specialty Center of Atlanta, P.C.

Patient's Signature_____ Date_____

ADVANCE DIRECTIVES

In order to be in compliance with the Self-Determination Act (PSDA) and Georgia state law and rules regarding advance directives, the Facility requires each patient prior to scheduled procedures to read and acknowledge the Facility position on advance directives.

Advance Directives are statements that indicate the type of medical treatment wanted or not wanted in the event an individual is unable to make those determinations and who is authorized to make those decisions. The advance directives are made and witnessed prior to serious illness or injury. There are many types of advance directives, but the two most common forms are:

> **Living Wills.** These generally state the type of medical care an individual wants or does not want if he/she becomes unable to make his/her own decisions
> **Durable Power of Attorney for Health Care.** This is a signed, dated, and witnessed paper naming another person as an individual's agent or proxy to make medical decision for that individual if he/she should become unable to make his/her own decisions.

In the event of a medical emergency or other life-threatening situation, resuscitation will be instituted in every instance and patients will be transferred to a higher level of care.

Any previously formulated advance directives will not be honored at the Facility. If for any reason you disagree with this policy, please discuss your concerns with your physician before arriving for your scheduled procedure.

I have read and acknowledge that the Facility does not honor Advance Directive.

Patient's Signature _____ Date_____

Witness Signature_____ Date_____

If the patient is unable to sign or is a minor, please sign.

Relative/Guardian's Signature_____ Date_____

Witness Signature_____ Date_____