St. Luke's Surgical Center, Inc.
"Excellence...with love"

MAIN OFFICE AND SURGICAL CENTER:
43309 US Highway 19 N
Tarpon Springs, FL 34689

TOLL-FREE: 800.282.9905
LOCAL: 727.938.2020
FAX: 727.938.5606

WEB: StLukesEye.com

NOTIFICATION REGARDING "PATIENT RIGHTS"

You have been scheduled to have a procedure performed at St. Luke's Surgical Center, Inc.

NOTICE OF DISCLOSURE OF OWNERSHIP INTEREST

Dr. Pit Gills has an ownership interest in this surgery center. You have the right to choose where to receive services. We are required to provide names of reasonable alternative sources of services. Two reasonable alternatives are:

- Morton Plant North Bay Hospital
  6600 Madison Street
  New Port Richey, Florida 34652
  (727) 842-8468
- Mease Countryside Hospital
  3231 McMullen Booth Road
  Safety Harbor, Florida 34695
  (727) 725-6111

NOTICE OF POLICY REGARDING 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. It also directs who is authorized to make decisions. In an ambulatory care setting, where we expect to provide less invasive care to patients who are not acutely ill, admission to the surgical center indicates the patient will tolerate the procedure in the ambulatory setting without difficulty. If a patient should suffer cardiac or respiratory arrest or any life threatening condition, the patient will be transferred to a more acute level of care, that is, the hospital. If you have an advance directive, living will or durable power of attorney, we will still transfer you to a hospital. You have a right to have your living will present in our medical record. If you are transferred to the hospital, the hospital can determine when to implement the advance directive or living will once the hospital is notified of your advance directive/living will. Patients who disagree with this policy must address the issue with the attending physician prior to the receipt of medical care at St. Luke's Surgical Center. State information and forms to prepare an advance directive, if you decide to have one, can be found at the following web site: http://www.floridahealthfinder. gov/reports-guides/advance-directives.shtml

PATIENT RIGHTS AND RESPONSIBILITIES

You have certain rights and responsibilities. We have provided you with information about your rights and your responsibilities.

By signing below, I am acknowledging receipt of my Patient Rights and Responsibilities prior to my surgical procedure.

_____ Date: _____
Patient/Patient Representative's Signature

_____ Chart No:_____
Patient Name (Printed)

_____
Witness