

## SOUTHWEST IDAHO SURGERY CENTER DISCLOSURE STATEMENT

Revised: 7/2017, 10/2022

### **POLICY:**

The patients have the right to be informed of their physician's business interest in the Center and the right to choose where their medical care will be performed.

- The patient will be informed that their physician has a business interest in this Center's health delivery system.
- The patient will be given the option to choose where the medical services will be delivered.
- The Disclosure statement must be offered to a patient prior to the procedure.
- The Disclosure statement must be acknowledged by the patient by signing the "Facility Consent" prior to admission.

The following Disclosure Statement will be posted.

Stated in "Patient Rights and Responsibilities"

*"The patient shall be informed verbally and by written notice the date of the procedure, and of the physician's financial interest or ownership in the ASC; The signed copy of patient acknowledgement and notification of the physician's financial interest or ownership will be placed in the patient's chart as part of the permanent medical record."*

Stated in the "Facility Consent"

*"I am aware of my physician's ownership in the surgery center, and I am aware that I may have my surgery performed at any other facility where my surgeon has privileges."*