



DEER EYE CLINIC
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Minor Surgical Procedure Consent Form

I hereby authorize Dr. _____ and his assistants to perform the following medical, diagnostic, or surgical procedure:

1. I understand the procedure as explained to me by my physician. I further understand there may be alternative methods, but I agree that this procedure as planned is best for me.
2. I am aware that there may be certain risks associated with the planned procedure.
3. I understand that, although beneficial results are expected, the possibility of complications cannot be ruled out and that there is no guarantee as to the result of the stated procedure.
4. I consent to the administration of whatever anesthesia is deemed necessary.
5. I understand that during the course of the procedure, unforeseen conditions may arise which, in the judgement of my physician, may call for procedures in addition to or different from those now anticipated.

I have read the consent form and understand it. The doctor has informed me and I am satisfied with the written and/or verbal explanations which have been given to me. My questions have been answered to my satisfaction.

Signature: _____

Witness: _____

Date: _____

Patient's Rights

You have the right to:

- Ask to see and get a copy of your health records.
- Have corrections added to your health information.
- Receive a notice that tells you how your health information may be used and shared.
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing.
- Get a report on when and why your health information was shared for certain purposes.
- If you believe your rights are being denied or your health information isn't being protected you can: File a complaint with your provider or health insurer, or file a complaint with the U.S. Government. You also have the right to ask your provider or health insurer questions about your rights. You can also learn more about your rights, including how to file a complaint from the website at www.hhs.gov/ocr/hipaa or by calling 1-866-627-7748

A patient's **Statement of Rights** is established with the expectation that the observance of these rights will contribute to more effective patient care and greater satisfaction of the patient, his family, his physician, and the facility caring for the patient. These written policies shall be established and made available to the patient, his family, and the public. Such policies shall have the following rights without regards to age, race, sex, national origin, religion, or physical handicap.

That the patient will receive the care necessary to help regain or maintain his maximum state of health and if necessary cope with death. The Facility personnel who care for the patient are qualified through education and experience to perform the services for which they are responsible. The patient will be treated with consideration, respect and full recognition of individuality, including privacy in treatment and in care. The patient is provided to the extent know by the physician, complete information regarding diagnosis, treatment, and the progress. If medically inadvisable to disclose the patient such information, the information is given to a person designated by the patient or to a legally authorized individual. Within the limits of the facility service policy, the patient and family will be instructed in appropriate care techniques.

That the patient or responsible person will be fully informed of services available in the facility, provisions for after-hours and emergency care and related fees for services rendered. Information will be given to the patient on a timely basis. Financial incentive will be made available to patients upon request. That the patient will be a participant in decisions regarding his/her care plant. That the patient will have the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal. The patient will be requested to sign a release of responsibility form and if refused a registered letter will be sent. When the patient is not legally responsible, the surrogate decision maker, as allowed by law, has the right to refuse care, treatment, and services on the patient's behalf. That plans will be made with the patient and family so that continuing services will be available to the patient throughout the period of need. The plans should be timely and involve the use of all appropriate personnel and community resources. The facility personnel will keep adequate records and will treat with confidence all personal matters that relate to the patient. The patient has the right to be notified, and approve and/or refuse the release of protected health information (PHI) to any individual outside the facility, except when this information is used to facilitate health care procedures for their treatment, as required by law or a third party payment contract. That the patient has the right to be informed of any human experimentation or other research/educational projects affecting his/her care or treatment and to refuse participation in such experimentation or research. Ethical principles guide the business practices of the center. The center will provide for and welcome the expression of grievances/complaints and suggestion by the patient or the patient's family at all times. The patient has a right to have an advance directive, such as a living will or healthcare proxy. These documents express the patient's choices about future care or name someone to decide if the patient cannot speak for him or herself. The patient who has an advance care directive should provide a copy to the center and to their physician for their wishes to be made known and honored. Upon request, the organization helps patients formulate medical advance directives or refers them for assistance. The patient has a right to be fully informed before any transfer to another facility or organization. The patient has a responsibility to observe prescribed rules of the center for their stay and treatment and that the patient forfeits the right to care at the center if printed instructions are not followed. The patient is responsible for promptly fulfilling his or her financial obligations to the center, and the right to request information on billing practices. Every attempt will be made to contact the patient prior to their scheduled procedure to advise them

of the financial responsibility. The patient has a responsibility for being considerate of other patients and personnel and for assisting in the control of noise, smoking, and the number of visitors. The patient has the right to accept medical care or to refuse treatment, to the extent permitted by law, and to be informed of the medical consequences of such refusal. The patient also has the responsibility for his/her action should he/she refuse treatment or does not follow the physician or center instructions. The patient is responsible for reporting whether he/she clearly understands the planned course of treatment and what is expected of him/her. Impairments may include but are not limited to vision, speech, hearing, or cognitive impairments. If interpretive services are required, those necessary will be provided to assure an understanding of the planned course of treatment. The patient is responsible for keeping appointments and when unable to do so for any reason, must notify the center and physician.

The patient care rendered reflects consideration of the patient as an individual with personal value and belief systems that affect his/her attitude toward and response for the care provided by the center. Patients are allowed to express those spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of medical therapy for the patient. The patient or the patient's designated representative to participate in the consideration of ethical issues that arise in the care of the patient. The patient has the right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.

The patient has the right to pain management. The patient will be provided the name of the physician or other practitioner primarily responsible for their care, treatment, and services and the name of the physician or other practitioner primarily responsible for their care, treatment, and services. Decisions regarding the provision of ongoing care, treatment, services, discharge, or transfer are based on the assessed needs of the patient, regardless of the recommendations of any internal or external review. The organization will inform the patient or surrogate decision maker about the unanticipated outcomes of care, treatment, or services that relate to sentinel events considered reviewable to accrediting organizations. The patient has a right to report complaints to the Arkansas Department of Health, www.healthyarkansas.com, 501-661-2201, 5800 West 10th, Suite 400, Little Rock, AR 72204 and/or to Medicare www.cms.hhs.gov/center/ombudsman.asp or 1-800-Medicare, Office of Inspector General, PO Box 23489, Washington, DC 20026, without regard to retaliatory retribution.

Introduction to Your Arkansas Advance Directive

It is the policy of the Surgery Center that advanced directives will not be honored as all scheduled procedures are elective in nature. Therefore every effort will be made to sustain life. However, and Advanced Directive form will be provided if requested, as required by law.

1. The **Arkansas Declaration** is your state's living will. It allows you to state your wishes about medical care in the event that you either: (1) develop a terminal condition and are unable to make your own medical decision; or (2) you are in a permanently unconscious state. The Declaration becomes effective when you are in either of these states, your doctor and one other doctor has determined you are in such a state, and the Declaration has been communicated to your Doctor. The Declaration lets you name a Health Care Proxy to make decisions about your medical care- including decisions about life support- if you become terminally ill or permanently unconscious.
2. The **Arkansas Durable Power of Attorney for Healthcare** lets you name someone to make decisions about your medical care any time you lose the ability to make medical decisions for yourself. Note: These documents will be legally binding only if the person completing them is a competent adult (at least 18 years old).

Physician Interest- Your physician may have a financial interest in the center. Information will be provided at your request.

Patient's Signature

Date