

ADVANCE DIRECTIVES ACKNOWLEDGEMENT

PHYSICIAN FINANCIAL OWNERSHIP DISCLOSURE

Burbank Spine and Pain Surgery Center is required by Federal Law to notify you that physicians have financial interests or ownership in this surgery center. We are required by 42 C.F.R., 416.50 to disclose this financial interest or ownership in writing prior to the surgical procedure. A list of physicians who have a financial interest in this surgery center is listed below:

Reginald Ajakwe, M.D.

Raymond Tatevossian, M.D.

_____ Patient Initial

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Burbank Spine and Pain Surgery Center, in compliance with the Patient Self Determination Act of 1990 (the "Act" as contained in the Omnibus Budget Reconciliation Act of 1990), ensures a patient's right to self-determination by inviting patients to participate in decisions regarding their healthcare. This is accomplished through planning and communication of their medical treatment wishes through the form of an Advance Directives.

My initials next to one of the following statements, indicates my current Advance Directive status:

- _____ Yes, I have an Advance Directives, and have **provided a copy** to Burbank Spine and Pain Surgery Center to be placed in my chart.
- _____ Yes, I have an Advance Directives, but I **do not have a copy with me** at this time.
- _____ No, I do not have an Advance Directives at this time. I have received the following information: "Advance Health Care Directives – Fact Sheet for Patients"
- _____ No, I do not have an Advance Directives, and I do not want information.

Please note that the Center's policy on Advance Directives is: If necessary, life sustaining efforts will be initiated and maintained on all patients while they are being treated at the Center. Copies of Advance Directives provided to the Center in advance will accompany any patient transferred to another facility for emergency treatment.

If you would like information on developing an Advance Directives, the following websites can assist you and include a description of the State's Health and Safety Laws:

- <http://www.uslivingwillregistry.com/forms.shtm>
- <http://www.cdph.state.co.us/em/Operations/AdvanceDirectives>
- <http://www.californiaadvancedirectives.com/>

Additionally, **upon request**, we will provide you with information on how to request official California Advance Directives forms. (To be given to all patients, upon request, at the beginning of their outpatient visit).

All patients have the right to report any complaints or grievances regarding their care to any members of Burbank Spine and Pain Surgery Center. This can be made either verbally or in a written form. You will receive a written response from the Center's Administrator with an explanation of how the issue was addressed within thirty (30) days.

My signature acknowledges that I have discussed with Burbank Spine and Pain Surgery Center's staff, my right to participate in making decisions about my medical treatment by executing an Advance Directives and have received a copy of the Patient Rights and Responsibilities.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____