

- **PERMIT FOR TREATMENT:** Each patient of the surgery center is admitted under the care of his/her attending practitioner. Practitioners of the Medical Staff are not employees of the Surgery Center. The undersigned consents to admission to the Surgery Center by his/her attending practitioner as a member of the Medical Professional Staff and for any consultant, assistant, or designee whom he may call to his aid for ordinary treatment. Permission is given for all services rendered by the Surgery Center and to authorize the use and disposal of any tissue or specimen removed during surgery in any customary manner, or as directed by the attending physician.
 - My scheduled procedure has been explained to me by my surgeon and I am aware of the **risks, benefits, and alternatives involved.**
 - I authorize my surgeon or his/her designee to **make photographs or video recordings** of my surgical procedure to be used only for the purpose of medical records.
 - I authorize **physicians in training or medical/nursing students** to observe and/or participate in my surgery when they are in attendance as part of their education.
 - I authorize any **vendor representatives** who are requested by my physician to be present during my procedure. I understand they have signed a confidentiality agreement/liability waiver.
 - If an employee sustains a puncture wound by needle or other similar device previously used on me, I consent to have my blood tested for AIDS and/or hepatitis. There will be no charge to me for these tests.
- I understand that if I am **less than 2 weeks pregnant**, the pregnancy test may be negative.
- **Valuables:** Do **NOT** bring any valuables to the Surgery Center. The facility will NOT be responsible for any losses.
- Arrangements have been made to **have an adult drive me home and remain with me during the recovery period.** I understand that I should not operate any motor vehicle until 24 hours after my surgery.
- **ADVANCE DIRECTIVES (Advance Directives/Living Will/Health Care Proxy):** The facility has explained to me their policy that if an adverse event occurs during my stay, based on reason of conscience, all reasonable efforts will be taken to revive me, including resuscitation or other stabilizing measures and I agree to proceed with the proposed procedure as scheduled.
 - Advance directives in Texas allow the patient to convey his/her decisions about end-of life care to providers, family members, or surrogate decision makers, and includes:
 - Directive to Physicians and Family or Surrogates: instruction made to administer, withhold, or withdraw life-sustaining treatment in the event of a terminal or irreversible condition.
 - Medical Power of Attorney: a document delegating to an agent authority to make health care decisions.
 - Out-of-hospital DNR: a form prepared and signed by the person's attending physician that directs health care professionals acting in an out-of-hospital setting not to initiate or continue specific life-sustaining treatments.
 - Statutory Durable Power of Attorney.
- **TDSHS/AAHHC:** Complaints should be directed to The Texas Department of State Health Services or through Accreditation Association for Ambulatory Health Care, Inc. If you are unable to settle your complaint directly with the Texas Health Surgery Center, complaints may be directed to the address provided.

We are committed to providing the highest level of patient care. To better serve you, we ask for your feedback regarding your visit at Texas Health Surgery Center Fort Worth Midtown.

By providing us with your email address, you may receive a message via a secure internet connection from surveys@sphanalytics.com with a link to our survey within 72 hours of discharge.

PRIVACY STATEMENT: We are committed to protecting the confidentiality of our patients' information and identities. Under no circumstances will your information be disclosed or used for marketing purposes.

FINANCIALS: Our business office will verify that we are an In-Network provider prior to your visit, your In-Network benefits will be applied to our facility charges. Additional claims will be filed with your Health Insurance from ancillary providers, directly related to your procedure today. Examples include: **Physician Fees, Anesthesiologists, Certified Registered Nurse Anesthetist, Laboratory Services, and Pathologists.**

In the case that any of these providers are not contracted with your Health Insurance, you are protected by The No Surprise Bill Act. This act provides protection by stating other providers involved in your procedure can only bill you as if they were contracted with your insurance company versus treat you as if your Health Insurance was not contracted. Please refer to the following billing office numbers:

US Anesthesia Partners:
972-715-5080

Ameripath Inc.: 817-878-5645
Lab Corp: 888-788-9980

Quest: 972-916-3235

**Surgical Caregivers of Fort Worth, LLC
dba
Texas Health Surgery Center Fort Worth Midtown
Partnership**

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