



2855 E Magic View Dr
Meridian Idaho 83646

Advance Directives

Patient Self-Determination Act

The Patient Self-Determination Act was passed in 1991 by the U.S. Congress. This act states that Surgery Center of Idaho (SCI) must inform all patients of their rights under the state law to make their own medical care decisions. The following are ways that we ensure your rights:

Informed Consent is an agreement signed by patients that indicates their understanding of the surgical procedure, made with complete knowledge of all relevant facts, such as the risks involved or any available alternatives.

An **Idaho Living Will** allows you to state your wishes about medical care in the event you may become terminally ill or in a persistent vegetative state and can no longer make your own decisions. Your Idaho Living Will becomes effective once the doctors certify either (a) that you are terminally ill and that application of artificial life-sustaining procedures would only serve to prolong your artificial life, and that your death will occur with or without the use of life-sustaining procedures, or (b) that you are in a persistent vegetative state.

Idaho Durable Power of Attorney for Health Care allows you to name someone to make medical decisions about your care if you are unable to speak for yourself. This includes decisions about life support. A Durable Power of Attorney for Health Care is very useful because it appoints someone to speak for you any time you are unable to make your own medical decisions.

The Living Will and Durable Power of Attorney for Health Care may be combined. It is recommended that you complete both of these documents to ensure that you receive the medical care you want when you can no longer speak for yourself. These forms can be found for free at http://www.ag.idaho.gov/livingWills/livingWills_index.html

Note: These documents will be legally binding only if the person completing them is a competent adult (18 years or older) or an emancipated minor.

It is Surgery Center of Idaho's policy to provide resuscitative efforts for all patients until the patient is transferred to a facility that has the capabilities to honor their DNR (Do Not Resuscitate) orders or end of life decisions.

**** For more information please call Surgery Center of Idaho (208) 639-4900****



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Release of Liability

I, _____ have been informed, prior to receiving any sedative medication, that I am NOT to drive or operate machinery for twenty-four (24) hours after receiving sedation. I am required to have a responsible adult accompany me after surgery.

I acknowledge the risks that have been explained to me, and I hereby release my physician, Surgery Center of Idaho, its officers, or other personnel from all responsibilities and liability which may result from driving or operating machinery prior to the twenty-four (24) hours after I have received sedation.

Signed Date SCI Representative Date

Patient Rights and Responsibilities

I have received a copy and verbal notification of my rights and responsibilities while I am a patient at Surgery Center of Idaho.

Initial: _____

Verbal notification given by SCI Representative: Initial: _____

Physician Owned Facility

I have received a copy and verbal notification of Surgery Center of Idaho's Physician Ownership notification.

Initial: _____

Verbal notification given by SCI Representative: Initial: _____

Advance Directives

I have received a copy of Advanced Directive information prior to my surgery. I understand the information that was provided to me and all my questions have been answered to my satisfaction.

It is Surgery Center of Idaho's policy to provide resuscitative efforts for all patients until the patient is transferred to a facility that has the capabilities to honor their DNR (Do Not Resuscitate) orders or end of life decisions.

Initial: _____