**DISCLOSURE OF PHYSICIAN OWNERSHIP**

This disclosure is made in accordance with the Medicare Conditions for Coverage of Ambulatory Surgery Centers certification requirements. 416.50(b) Standard: Notice of rights: The Ambulatory Surgery Center (ASC) must also disclose, where applicable, physician financial interests or ownership in the ASC facility. Disclosure of information must be in writing. The intent of this disclosure requirements is to assist the patient in making an informed decision about his or her care by making the patient, or the patient’s representative, aware when physicians who refer their patients to the ASC for procedures, or physicians who perform procedures in an ASC also have an ownership or financial interest in the ASC. The following Medical Staff members have ownership or financial interest in our facility:

* Eric Bonifield, MD
* Matthew Brant, DPM
* Robert Chapdelaine, MD
* Sanjay Kasturi, MD
* Per Montero Pearson, MD
* David Pernelli, MD
* Armando Russo, MD
* Seth Silver, MD
* Harris Slavick, MD
* Woo Song, MD
* Catherine Wisda, MD

**ADVANCE DIRECTIVES**

All Patients have the right to participate in their own health care decisions and to make advance directives or to execute powers of attorney. These documents authorize others to make decisions on the patient’s behalf based on the patient’s expressed wishes when the patient is unable to make decisions or unable to communicate decisions. This surgery center respects and upholds those rights.  
  
However, unlike in an acute care hospital setting, The ASC does not routinely perform "high risk" procedures. Procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your surgeon who can answer your questions as to: risks, your expected recovery and care after your surgery.  
  
**Therefore**, **it is our policy, regardless of the contents of any advance directive or instructions from a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to a hospital for further evaluation. At the hospital, further treatment or withdrawal of treatment measures already begun, will be ordered in accordance with your wishes, advance directive or health care power of attorney.**

(If a patient should provide his/her advance directive, a copy will be placed on the patient’s medical record and transferred with the patient should a hospital transfer be ordered by his/her physician).or more information on Advance Directives, please visit the following website:www.lsnjlaw.org.