



## Welcome to North Pointe Surgery Center (NPSC)

NPSC is your safe alternative to a hospital when you need surgery. Thank you for choosing North Pointe Surgery Center as your safe alternative when you need surgery. Remember, you may not have a choice about having surgery, but you can always choose where to have your procedure. You can put your trust in us because we are focused on you.

North Pointe Surgery Center is a single specialty center serving Lancaster, York, Lebanon, and Harrisburg areas. Located on the Oregon Pike (RT 272), we are easily accessible from Rt. 272, 501, and Rt. 30. The facility opened in October 2007 and offers patients and families a state of the art facility with professional nursing staff trained in the area of outpatient surgery. We are an independent facility utilizing the physicians from Orthopedic Associates of Lancaster. NPSC is owned by Orthopedic Associate of Lancaster Investment (OALI). The physicians of OAL may have a financial interest in NPSC if they are part of OALI. Pain Management services are also provided at NPSC by specialists in this field from our community.

### Preparing for your Surgery

Whether for an adult or child, surgery can be a very stressful time. The staff members at North Pointe Surgery Center (NPSC) from our receptionists, to our pre-anesthesia nurse, the anesthesia team, the nurses in the operating room and pre-and post-op unit are all focused on your safety and care.

Once your surgeon has scheduled your procedure at NPSC, you will receive a call from our pre anesthesia nurse within two weeks prior to your surgery date. She will ask you a series of questions about your past and present medical history. It is very important to inform her of all medications you are taking, any previous surgeries you've had, and any allergies you may have. By providing us with the most accurate details about your health we will be able to customize your care during your stay with us.

Depending on your age and medical history, you may need to have a few minor tests prior to your surgery to further assure the safest outcome for you. You will receive instructions for any tests from your surgeon's office. The results from these tests will automatically be forwarded to your surgeon and our surgery center.

170 North Pointe Blvd.  
P.O. Box 4807  
Lancaster, PA 17604-4807

**717-735-6650**

Fax 717-735-6651

info@npssc.fixbones.com

[www.npssc.fixbones.com](http://www.npssc.fixbones.com)



Prior to the day of surgery, if there are any changes in your physical condition, please notify your surgeon's office. The doctor may choose to postpone your surgery.

If you are having any anesthesia or sedation, you **must** have someone accompany you to the surgery center, drive you home after your surgery, and stay with you overnight

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## Our Mission Statement

- North Pointe Surgery Center is dedicated to providing a safe and professional environment with the highest quality of care to our patients and families.
- NPSC strives to meet the highest standards of care by embracing state of the art and cost effective procedures and techniques.
- At NPSC care and service to the patient come first.
- Our staff members are committed to the highest professional standards as we make sure our performance exceeds our patient's expectations each and every day.

## The Day before Surgery

The surgery center will call you on the business day prior to your procedure to confirm your procedure time.

Preparing for surgery is very important to assure your safety and the best possible experience. We have listed some important rules for you to follow. Ignoring these may cause your surgery to be delayed or cancelled.

### IF YOU ARE HAVING ANESTHESIA / SEDATION:

- Do not eat or drink anything after midnight the night before (this includes: chewing gum, lozenges, hard candy and chewing tobacco).
- Do not bring valuables with you on the day of surgery (this includes: purses, money, jewelry, etc.).
- If possible, make arrangements for child care which will allow you to concentrate on recovering.
- You will be asked to arrive 1 1/2 hours prior to the time of your surgery.
- If you are diabetic, you must check with your medical physician as to the dose and time to take your medication prior to arriving at the center.
- If you routinely take a medication that thins the blood, you must speak with your surgeon about when to stop this drug and if you need any blood tests before surgery (i.e.: aspirin, Coumadin, Plavix, Naprosyn, and Motrin).



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- If you use a CPAP machine to sleep at night, you will be instructed to bring your machine along with you the day of your surgery. After surgery your CPAP machine may be used in the recovery room.

### **IF YOU ARE HAVING A “LOCAL” PROCEDURE:**

- You will be asked to arrive 1 hour prior to the time for your surgery.

If you are unable to keep your appointment for surgery or are delayed in arriving please call NPSC as soon as possible at 717-735-6650.

### **On the day of surgery, the Registration and Pre-operative Process**

The day of your procedure can be rather stressful. The information in this section is meant to help reduce the stress.

- Bring a list of any medications/Bring any inhalers you currently use
- If you routinely take heart or blood pressure medication, you will be advised by the pre-anesthesia nurses what medications you may take the morning of surgery with a sip of water.
- Bring your insurance cards and driver's license for the admitting process.
- Your driver is asked to remain in the building while you are in surgery. If they must step out, please tell the receptionist and provide her with contact information so your surgeon and NPSC staff may reach them.
- Wear loose, comfortable clothing and simple shoes to make getting dressed after your surgery easy.
- All jewelry must be removed including any body piercing.
- Please bring appropriate cases for your glasses/contacts/or dentures. You will be asked to remove these before your surgery
- Coffee and tea is available in the waiting room for those who are waiting for patients. There is also a vending machine in the lobby across from the elevators.

Once you have gone through the registration process and signed all the forms, a pre op nurse will escort you to the pre – op area. You will then be asked to change into a patient gown. The pre-op nurse will take your blood pressure, temperature, pulse and respirations. She will also review your daily medications with you. You will have an IV started and your belongings will be placed in a locker until discharge.

Your anesthesiologist, surgeon, and operating room nurse will visit you in pre-op. Each of them will re-verify information and are available to answer any questions you may have about your surgery. Your surgeon will ask you to assist with identifying and marking the location of your surgery.



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After surgery you will be taken directly to the recovery room where you will again be monitored by nurses.

## Your Recovery Room Experience

The length of time you remain in the recovery room depends on the type of procedure you have had, type of anesthesia you had, your pain level, and your ability to tolerate fluids. You will be given something to drink and a snack during this time. Once you are fully recovered you will be taken to the post op area where the nurse will review and give you your discharge instructions.

**\*\* Please Note\*\***

Everyone reacts differently to surgery. Rarely patients may need to be admitted to the hospital following surgery for specific medical reasons. If the need arises, be assured that this decision will be made in conjunction with anesthesia personnel and your surgeon. Should this decision need to be made you would be transferred by Manheim Township Ambulance Service to Lancaster General Hospital.

## When you go home...

Please follow these instructions when you get home if you have had anesthesia/sedation:

- You must have an adult stay with you for the first 24 hours as you may get dizzy or drowsy.
- You have just had surgery so just rest and relax. Follow your surgeon's recommendations for resuming your normal activities.
- Eat a light meal when you feel hungry. Heavy meals may cause you to become nauseated.
- Follow your surgeon's instructions for resuming any medications as well as pain medication that may have been prescribed. You will receive instructions specific to your surgical procedure and anesthesia in general at the time of discharge.
- Do not drive, drink alcoholic beverages or operate heavy machinery or power tools for at least 24 hours after your surgery.
- If you experience any problems after you go home, call your surgeon's office immediately. You may be advised to go to the emergency room.
- Orthopedic Associates of Lancaster 717-299-4871

North Pointe Surgery Center nursing staff will conduct a post operative follow-up call the day after surgery. You will be asked to provide or confirm the phone number at which a member of our nursing staff may call to check on you progress.



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## **When your child is having surgery...**

North Pointe Surgery Center staff has many years of experience in caring for children and understand the impact surgery has on the family.

To make the day less stressful for you and your child, we recommend the following:

- If possible, care of any siblings should be pre-arranged. The child having surgery will need your full attention
- Encourage your child to bring a favorite toy or blanket.
- Please bring along diapers, sippy cup, pacifier, etc if the child uses them.
- Parent/guardian shall remain in the pre-op area with the child until the time of surgery.
- Parent/guardian shall not leave the facility while child is having surgery.
- Parent/guardian may be with the child during the recovery process as soon as Anesthesia/PACU nurse determines it is appropriate.
- Children ages 6 Months – 12 yrs will be asked to arrive at the facility one hour prior to surgery

## **About your Bill**

North Pointe Surgery Center will make every effort to keep this process as simple as possible. Your surgical procedure will generate three separate bills:

- North Pointe Surgery Center bill covers the use of the facility and all necessary supplies used during your surgical procedure.
- Surgeon / Physician bill covers the services provided by your surgeon / physician.
- Anesthesia bill covers the services provided by the anesthesia group providing anesthesia to the patients at NPSC.

Our facility will work with your physician's office to ensure we have accurate insurance information. NPSC billing staff will contact your insurance carrier to verify your benefits and insurance coverage. If it is determined that you have a deductible, co-payment or co-insurance the billing staff will call you before your date of surgery to make payment arrangements. NPSC accept cash, personal checks, Master Card, and Visa

***Thank you for Choosing North Pointe Surgery  
Center  
Your Safe Surgical Alternative***

## North Pointe Surgery Center

### Consent for Treatment ("NPSC")

1. The facility maintains personnel and equipment to assist physicians and surgeons as they perform various surgical operations and other diagnostic or therapeutic procedures. Generally, such physician, surgeons and practitioners are not agents, servants, or employees of the facility, but independent contractors and, therefore, are the patient's agents or servants. The facility provides nursing and support services and equipment; the facility does not provide medical physician care.
2. The procedure(s) listed to be performed and the advantages and disadvantages, risks and possible complications as well as the alternatives have been explained to be by my physician. The doctor has satisfactorily answered my questions.
3. My consent is given with the understanding that any operation or procedure involves risks and hazards. The more common risks include: infection, bleeding with the need for blood transfusion, nerve injury, blood clots, heart attack, stroke, allergic reaction, damage to teeth or bridgework and pneumonia. These risks can be serious and possibly fatal.
4. I authorize the pathologist or physician to use his or her discretion in disposing of any member, organ, implant, prosthetic or other tissue removed from my person during the operation(s) or procedure(s).
5. The facility may participate in residency or other training programs for physicians, allied health professionals and other providers of services. All care rendered by individuals in training will be supervised and reviewed, as appropriate, by appropriate personnel. I hereby consent to care and treatment from individuals in training and to the review of any patient record by the same.
6. In the event of an accidental exposure of my blood or bodily fluids to a physician, contractor or employee of the facility, I consent to testing for HIV and Hepatitis.
7. I hereby consent to the presence of other person(s) for the sole purpose of observation and/or education. I understand that this individual(s) will not participate in the actual procedure.
8. I consent to the use of video-taping or photography that may be used for scientific or teaching purposes, and to the review of my medical record for bona fide medical healthcare research providing my name or identity is not revealed.
9. I release the facility from any responsibility for loss and/or damage to money, jewelry or other valuables I brought into the facility.
10. I understand that if I am pregnant or if there is any possibility I may be pregnant, I must inform the facility immediately since the scheduled procedure could cause harm to my child or to myself.
11. I understand that in the rare event that hospitalization is required during or immediately after surgery, my physician will arrange for my transfer to a local hospital.
12. My signature below constitutes my acknowledgement that (1) I have read or have had read to me the foregoing, and I agree to it; (2) the procedure(s) has been adequately explained by my physician; (3) I authorize and consent to the performance of the procedure(s) and any additional procedure(s) deemed advisable by my physician in his or her professional judgment; (4) I authorize and consent to the administration of anesthesia for the said procedure(s).
13. If I am not the patient, I represent that I have the authority of the patient who, because of age or other legal disability, is unable to consent to the matters above. I have full right to consent to the matters above, and I consent to same (b) I hereby indemnify and hold harmless the facility, its employees, agents, medical staff, partners and affiliates from any cost or liability arising out of my lack of adequate authority to give this consent.

### Consent to Payment and Collection

14. I hereby assign and grant to NPSC all rights and interests to which I may be entitled under any insurance policy, Medicare, or any other fund or third party payment plan responsible for payment of my benefits. I authorize payment of any such benefits directly to NPSC.
15. I understand that I will be billed separately for services provided by my physicians, anesthesiologists, radiologists and other physicians providing medical services at NPSC.
16. I acknowledge that if a check in payment of the insurance benefits is sent by my insurance company to me, either in error or because of insurance company policy, I agree to endorse and deliver the check to North Point Surgery Center. I understand that by virtue of the assignment describe in the Consent, any funds I receive belong to NPSC and that it is UNLAWFUL to use or apply the funds in any other way. In the event the insurance company check is more than the outstanding NPSC bill, satisfactory arrangements can be made between NPSC and the undersigned.
17. I agree that I am responsible for payment of NPSC's established charges currently in effect to the extent that said charges are not covered, allowed or paid by my insurance company, Medicare, or any other funds or third

party payer. I understand I will not be responsible for the payment of any of these charges that NPSC is restricted from collecting by law or agreement.

18. In the event the account remains unpaid, NPSC may turn the account over to a collection agency or attorney for collections; and if NPSC sues me to collect any amounts owed, I agree to pay NPSC's actual collection costs, including reasonable attorney's fee as allowed by the laws of the Commonwealth of Pennsylvania.

19. I authorize NPSC to file grievances with my insurance company, third party payers, case utilization and managed care review organizations which may be necessary to challenge denials of authorization or payment for a healthcare service.

**Patient Rights and Responsibilities**

20. I acknowledge that NPSC has provided me both verbally and in written form information on my rights and responsibilities as a patient (patient Bill of Rights) as well as information on Advance Directives for Health Care.

**Medical Record Release Authorization**

21. NPSC may disclose information about me and the treatment I am receiving, including copies of my medical record for purposes of treatment, payment and NPSC operations as described in our Privacy Notice. I acknowledge that the NPSC Privacy Notice has been offered to me. I agree to indemnify and hold harmless NPSC, its officers, directors, employees and agents, from any and all liability, loss claims or damages relative to the release of such information.

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**NOTICE OF PRIVACY PRACTICES (CHECK ONE BOX BELOW)**

I acknowledge that I have received the NPSC Notice of Privacy Practices that describes how my medical information may be used or disclosed as required by federal law.

I have previously received a copy of the NPSC Notice of Privacy Practices

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Name of Patient (Please Print)

Name of Responsible Party (Please Print)

Signature of Patient or Responsible Person\*      / /      Date      Witness      / /      Date

Signature of Insured Person, if different than Patient or Responsible Party      / /      Date

\* If signed by Responsible Person, complete one of the following:  
(a) Patient is unable to consent because he/she is a minor \_\_\_\_\_ years of age.  
(b) Patient is unable to consent because

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A copy of the Patient's Bill of Rights is displayed at North Pointe Surgery Center (NPSC). A copy of this document is available to all NPSC patients.

### **Patients' Rights**

1. A patient has the right to respectful care given by competent personnel.
2. A patient has the right, upon request, to be given the name of his attending practitioner, the names of all other practitioners directly participating in his care, and the names and functions of other health care personnel having direct contact with the patient.
3. A patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and should be conducted discreetly.
4. A patient has the right to have records pertaining to his medical care treated as confidential except as otherwise provided by law or third party contractual arrangements. Except when required by law, patients are given the opportunity to approve or refuse release of their records.
5. A patient has the right to know what Center rules and regulations apply to his conduct as a patient.
6. A patient has the right to expect emergency procedures to be implemented without unnecessary delay. A patient also has the right to be informed about Center provisions for emergency and after hours care. A patient has the right to be informed of the Center's policy with regard to advance directives.
7. A patient has the right to good quality care and high professional standards that are continually maintained and reviewed. A patient has the right to receive information regarding the Center's credentialing policies.
8. A patient has the right to full information, in lay terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the patient's next of kin or other appropriate person.
9. Except for emergencies, the physician shall obtain the necessary informed consent prior to the start of any procedure or treatment, or both.
10. A patient or, in the event the patient is unable to give informed consent, a legally responsible party, has the right to be advised when a physician is considering the patient as part of a medical care research program or donor program, and the patient or legally responsible party must give informed consent prior to actual participation in such program. A patient or legally responsible party may, at any time, refuse to continue in any such program to which he has previously given informed consent.
11. A patient has the right to refuse drugs, treatment, or procedures offered by the Center, to the extent permitted by statute the practitioner will inform the patient of the medical consequences of the patient's refusal of drugs, treatment or procedures.
12. A patient has the right to medical and nursing services without discrimination based upon race, color, religion, gender, sexual preference, national origin, or source of payment.
13. A patient who does not speak English shall have access, where possible, to an interpreter.
14. The Center shall provide the patient, or patient designee, upon request, access to the information contained in his medical records, unless the attending physician for medical reasons specifically restricts access.



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15. A patient has the right to expect good management techniques to be implemented within the Center considering the effective use of time of the patient and to avoid the personal discomfort of the patient.
16. When medically advisable, a patient may be transferred to another facility. He or his next of kin or other legally responsible representative will be provided with complete information and an explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
17. A patient has the right to examine and receive a detailed explanation of his bill, and to receive information on fees for services received and on Center payment policies.
18. A patient has the right to be informed of his rights at the time of admission.
19. Marketing material does not mislead patients regarding the Center's capabilities or competence.
20. A patient has the right to be informed of procedures for expressing suggestions and policies regarding grievance procedures.
21. A patient has the right to expect that the Center will provide information for continuing health care requirements following discharge and the means for meeting them.

### **Patients' Responsibilities**

Patients are expected to:

1. Provide accurate and complete information about their present complaints, past medical illnesses, hospitalizations, surgeries, medications, and other matters relating to their health.
2. Tell their health care providers whether they understand the treatment, plan of care, and what is expected of the patient.
3. Help the physicians, nurses and other allied health personnel in their efforts to care for patients by following their instructions and medical orders.
4. Observe the no smoking policy of the Center.
5. Meet all financial obligations incurred for services provided at the Center.

It is always best to make every effort to address patient/visitor complaints internally through discussion, investigation and potential action by/among Center personnel and the patient/visitor. Therefore, in accord with North Pointe Surgery Center's policy addressing patient complaints, any and all patient/visitor complaints should initially be brought to the attention of Center personnel such as the Administrator, Coordinators or Medical Director. If necessary, patients/visitors wishing to register a complaint regarding NPSC with the Pennsylvania Department of Health may do so by calling 1-800-254-5164. Or by calling the Joint Commission at 1-800-994-6610.

**ADVANCE DIRECTIVES**

**UNDERSTANDING  
ADVANCE  
DIRECTIVES FOR  
HEALTH CARE**

Living Wills  
and  
Powers of Attorney  
in Pennsylvania



Edward G. Rendell  
Governor  
[www.state.pa.us](http://www.state.pa.us)

Nora Dowd Eisenhower  
Secretary of Aging  
[www.aging.state.pa.us](http://www.aging.state.pa.us)

# Making Decisions About Your Medical Care

In Pennsylvania, you have the right to decide whether to accept, reject or discontinue medical care and treatment. If you have not been deemed incompetent to make medical decisions by a doctor, or if you have not been determined incapacitated by a court, then you may direct, by a living will declaration, your medical treatment. You may also have a Health Care Power of Attorney prepared for you, which designates another person to make decisions for you. These are complex issues and should be discussed with your doctor, family, close friends, and when appropriate, your lawyer.

The purpose of this guide is to provide you with general information, not legal advice, about some of these issues so you are informed. For specific advice, please contact your attorney.

Your doctor should provide you with enough information—i.e. risks, benefits, possible side effects, alternative procedure/treatment—for you to make an informed decision on a proposed medical procedure and/or medical treatment. If you desire a specific course of medical care and treatment (or lack thereof) that the provider will not honor, they must inform you and help you find a provider that will honor your wishes.

However, there is no law in Pennsylvania that guarantees that

your medical providers will follow your instructions in all circumstances. There are steps you can take to express your wishes for future medical care and treatment. The following is a series of questions and answers, not legal advice, designed to make these complex issues as easy to understand as possible.

## ▪ *What is an advance directive?*

An advance directive is a written document that you may use, under certain circumstances, to tell others what care you would like to receive or not receive, should you become unable to express your wishes at some time in the future. An advance directive may take many forms and is commonly referred to as a “living will.” In Pennsylvania, a living will is known, according to the law, as an advance directive for health care.

## ▪ *What is a living will?*

In Pennsylvania, a living will is an advance directive for health care and is a written “declaration” that describes the kind of life-sustaining treatment you want or do not want if you are later unable to express your wishes to your doctor.

## ▪ *Who can make a living will?*

Any competent person who is at least 18 years old, or is a high school graduate, or has married can make a living will.

▪ *What does it mean to be “incompetent”?*

Incompetence is the lack of sufficient capacity for a person to make or communicate decisions concerning himself or herself. The law allows your doctor to decide if you are incompetent.

▪ *How should my living will be written?*

There is no single correct way to write a living will or declaration. However, your living will is not valid unless you sign it. If you are unable to do so, you must have someone else sign it for you, and two people who are at least 18 years old must sign your living will as witnesses. Neither of those witnesses may be the person who signed your living will on your behalf if you were unable to sign it yourself. It is suggested that you also date your living will, even though the law does not require it. In Pennsylvania, you are not required to have your living will notarized; however, if you are contemplating using the document in another state, you should find out if that state requires notarization, and whether there are other requirements for your living will to be valid.

▪ *To whom should I give my living will?*

You should give a copy of your living will to your family doctor, and to an immediate family member, close friend or to your lawyer. When you enter a hospital or nursing facility, the law requires your doctor or other medical care provider to ask if you have a living will. If you give a copy of your living will to your doctor or other medical care provider that written document must be made a part of your medical record.

▪ *What if my doctor or health care provider refuses to follow the directions in my living will?*

Your doctor and any other health care provider must inform you if they cannot, in conscience, follow your wishes, or if the policies of the health care provider prevent them from honoring your

wishes. This is one reason why you should give a copy of your living will to your doctor or to those in charge of your medical care and treatment when you enter a hospital or other medical facility.

If you are incompetent when you are admitted for medical care and have named someone in your living will to make decisions for you, that person must be informed if the wishes contained in your declaration cannot be honored. If you have not named anyone in your living will, your family, guardian or other representative must be informed that your declaration cannot be honored.

The doctor or other health care provider who cannot honor your wishes must then help transfer you to another health care provider willing to carry out your directions—if they are the kind of directions Pennsylvania recognizes as valid. It is advisable, as soon as possible after you have written your living will, to make sure your doctor will follow your wishes, as stated in your living will.

▪ *When does my living will take effect?*

The advance directive or living will declaration becomes effective when:

- Your doctor has a copy of it; and
- Your doctor has concluded that you are incompetent and either in a terminal condition, or in a state of permanent unconsciousness. For terminal conditions or permanent unconsciousness, a second physician must confirm your doctor’s conclusion.

▪ *May I change my mind?*

Yes, you may revoke your advance directive at any time and in any manner.

# Health Care Power of Attorney

## What is a Power of Attorney?

In general, a Power of Attorney is a written document where a principal, the individual making the Power of Attorney, designates an agent to transact a wide variety of powers and duties. The agent then acts for and on behalf of the principal and has a duty to act consistently in the best interests of the principal. A Health Care Power of Attorney designates an agent to make medical decisions for the principal and may contain specific directions for the agent.

## Who may make a Power of Attorney?

In Pennsylvania, any competent person who is at least 18 years old may make a Power of Attorney document.

## How should the Power of Attorney be written?

The documentation is not valid unless it is signed and dated by the principal. If, for any physical reason, the principal is unable to sign the Power of Attorney, a mark may be made in the presence of two witnesses who are at least 18 years old, and the principal's name shall then be subscribed to the document, and the two witnesses must sign the Power of Attorney in the presence of the principal. In Pennsylvania, the document need not be notarized, but if the principal is contemplating using the document in another state, then it is necessary to find out if the other state requires notarization or if there are other requirements for the Power of Attorney to be valid. Further, the Power of Attorney document is not valid unless it includes a conspicuous "notice," signed by the principal, appointing and empowering the agent and an "acknowledgment," signed by the agent, accepting appointment.

## How is a Power of Attorney affected by disability?

A durable Power of Attorney is one in which the powers granted to an agent last indefinitely, unless specifically limited within the document. The Power of Attorney will continue in effect, notwithstanding the principal's subsequent disability, incapacity or incompetence. If not specified, a Power of Attorney is presumed to be "durable."

## How is a Power of Attorney terminated?

The principal has the right to revoke, terminate or modify the Power of Attorney at any time. The document is revoked upon notice to the agent of the principal's death, disability or incapacity, **if the document is not durable**, or upon filing of a Divorce where the spouse is the agent.

**There is no generic Power of Attorney form in use in Pennsylvania. Please contact your attorney for assistance with Power of Attorney forms.**

The following is the Advance Directive for Health Care statutory form:

## DECLARATION

I, \_\_\_\_\_, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment:

I do \_\_\_\_\_ do not \_\_\_\_\_ want cardiac resuscitation

I do \_\_\_\_\_ do not \_\_\_\_\_ want mechanical respiration

I do \_\_\_\_\_ do not \_\_\_\_\_ want tube feeding or any other artificial or invasive form of  
 nutrition (food)       or hydration (water)

I do \_\_\_\_\_ do not \_\_\_\_\_ want blood or blood products

I do \_\_\_\_\_ do not \_\_\_\_\_ want any form of surgery or invasive diagnostic tests

I do \_\_\_\_\_ do not \_\_\_\_\_ want kidney dialysis

I do \_\_\_\_\_ do not \_\_\_\_\_ want antibiotics

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

### OTHER INSTRUCTIONS:

I do \_\_\_\_\_ do not \_\_\_\_\_ want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness.

Name and address of surrogate (if applicable):

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Name and address of substitute surrogate (if surrogate designated above is unable to serve):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do \_\_\_\_\_ do not \_\_\_\_\_ want to make an anatomical gift of all or part of my body,  
Subject to the following limitations, if any:

I made this declaration on the \_\_\_\_\_ day of \_\_\_\_\_ (month, year)

Declarant: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The declarant, or the person on behalf of and at the direction of the declarant, knowingly and voluntarily signed this writing by signature or mark in my presence.

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

North Pointe Surgery Center Administrative Policies and Procedures		
Policy: 309	Advance Directives	Effective: October 4, 2007

Purpose: The purpose of this policy to provide guidance regarding the handling and use of advance directives.

The Center's overriding perspective with regard to this matter is that, given the nature of the procedures routinely provided at the Center, requests for patients' Advance Directives would unnecessarily and inappropriately heighten patient anxiety, such that it may interfere with the provision of safe, effective treatment. Accordingly, the Center has established the following practice with regard to Advance Directives.

Procedures:

1. Patients are not required to prepare or provide Advance Directives prior to receiving treatment at the Center.
2. If a patient does present Advance Directives, this document will be included in the patient's record.
3. Should a patient who has presented Advance Directives require unanticipated transfer to a hospital, the patient will be transferred and a copy of the Advance Directives will be provided to the hospital with the other elements of the patient's record.