General Consent

Prior to admission, I received River Valley Ambulatory Surgery Center's patient information packet that includes:

- Notice of Patient Rights and Responsibilities
- Patient Privacy Practices
- Advanced Directive Information
- Physician Ownership
- Anti-Discrimination Policy / Complaint Process
- Surprise Billing
- I consent to medical care/treatments ordered by my physician/anesthesiologist or under the direction of my provider /anesthesiologist, as deemed reasonable and necessary. These additional services including, but not limited to nursing, radiology, pathology, and laboratory. I consent to medical treatment services that are necessary for my total surgical experience.
- I authorize and direct my physician to use his/her discretion in determining the appropriate disposition of any organ, implant prosthetic, or other tissue removed from my person.
- I consent to the presence of other person(s) for the sole purpose of observation education, or technical support. I understand that this individual will not participate in the actual procedure.
- I authorize this facility to use an outside platform to review my current medications, as disclosed by my insurance provider.
- I am aware that my physician may have an ownership interest in this facility, and I acknowledge that I have a right to have my procedure performed in another facility where my physician has privileges.
- I understand that I may be contacted following my surgery/procedure. If I cannot be reached, it is acceptable to leave a message.
- I release the facility from any responsibility for loss and/or damage to money, jewelry, or other valuables I brought to the facility.
- I authorize this facility to use an outside platform to review my current medications, as disclosed by my insurance provider.
- I am aware that x-ray is used in this facility.
- I understand that if I am pregnant, or there is any possibility that I am pregnant, I must inform the facility immediately as my surgery/procedure could cause harm to my child or to myself.
- I understand that it is my responsibility and I have arranged for a responsible adult to drive me home and remain with me following my surgery. I acknowledge that I have been advised by facility personnel not to drive until the day after my surgery or as directed by my physician.

Medical Record Retention

State law generally requires this Center to maintain patient medical records for a period of at least seven (7) years from the date of service, or for three (3) years after the patient's death, unless a shorter or longer retention period applies pursuant to applicable policy, laws, or regulations.

After the applicable retention period, records may be securely destroyed in compliance with applicable legal and regulatory requirements, and in a manner that protects patient confidentiality.

How to Request Copies of your Medical Records

You or your authorized representative has the right to request copies of your medical records by completing an Authorization form provided by the Center and submitting the completed form to the Center. Authorization forms may be obtained from the Center upon request. Completed forms may be submitted to the Center in person, by mail, or by another method authorized by the Center.

My signature below constitutes my acknowledgement that I have read or have read to me the foregoing. I acknowledge my understanding of the above and give consent.