

## **ARTEMIS INSPIRED MEDICINE, PC**

### **DISCLOSURE OF OWNERSHIP ADVANCED DIRECTIVE NOTIFICATION PATIENT COMPLAINT OR GRIEVANCE PROCESS**

### **STATEMENT OF PHYSICIAN FINANCIAL INTERESTS OR OWNERSHIP**

**Your physician has an ownership interest in this Office Based Surgery Center at which you are having your procedure. As with all your care, you may request to have your procedure performed at another facility where your surgeon has privileges to practice.**

**Physician Owner(s):**

**Julie A. Madejski, MD**

**[www.health.ny.gov/professionals/patients/health\\_care\\_proxy/](http://www.health.ny.gov/professionals/patients/health_care_proxy/)**

#### **Advance Directive Notification**

At ARTEMIS INSPIRED MEDICINE, all patients have the right to participate in their own health care decisions and to make Advance Directives that give instructions about any aspect of health and /or authorize an agent to make decisions on their behalf based on their expressed wishes when able to make decisions or unable to communicate decisions. ARTEMIS INSPIRED MEDICINE respects and upholds these rights. If you have executed an Advance Directive, please bring a copy on the day of your procedure. If you do not have an Advance Directive, information can be found at [www.health.ny.gov/professionals/patients/health\\_care\\_proxy/](http://www.health.ny.gov/professionals/patients/health_care_proxy/)

ARTEMIS INSPIRED MEDICINE does not perform "high risk" procedures. Of course, no surgery is without risk. You can discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after surgery. Therefore, it is our policy, regardless of the contents of any Advance Directive that if a patient suffers a cardiac or respiratory arrest or other life-threatening situation, a signed consent form implies consent for resuscitation and transfer to a higher level of care. Therefore, in accordance with state and federal laws, ARTEMIS INSPIRED MEDICINE, PC is notifying you that we will not honor previously signed Advance Directives regarding code status for any patient. It is still important that you provide ARTEMIS INSPIRED MEDICINE with a copy of your Advance Directive, as it will be sent with you should you require transfer to a higher level of care. If you do not agree with policy, please address this issue with your physician prior to your surgical date.

#### **Patient Complaint or Grievance Process**

If you have a question or concern about the care and services received at ARTEMIS INSPIRED MEDICINE, please feel free to express them to any staff member without fear of reprisal or discrimination. It is our goal to assist you in finding a fast and effective resolution to your concerns. It is our intention to provide a prompt resolution within fourteen (14) business days to your comment or complaint. In the event, after reasonable attempts have been made, that a resolution is not achieved within fourteen (14) business days, then you will be notified when you can expect a resolution.

If you are not satisfied with the resolution provided by the Center, you may contact:  
Medical Director, Julie A. Madejski, MD at 716-433-3053 or by cell phone at 716-481-3810.

If you are not satisfied with resolutions provided by the Medical Director, you may contact:  
Accreditation Association for Ambulatory Healthcare, Inc (AAAHc); 5250 Old Orchard Road, Suite 200, Skokie, IL 60077; 847-853-6060 or visit their website at <http://www.aaahc.org>.