DISCLOSURE AND CONSENT
TO MEDICAL AND
SURGICAL PROCEDURES

To Our Patient:

You have the right as a patient to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be performed so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is an effort to make you better informed so you may give or withhold your consent to the procedure.

I request admission to Joint Replacement Center of Louisiana and authorize the facility, staff, and physicians to provide care. I request and consent to medical care and diagnostic procedures that my attending physicians, or his/her designees, determine are necessary. I understand and consent to the participation of such other physicians, associates, technical assistants, and health care providers as they may deem necessary in the surgery as permitted by law and within the scope of practice for which they have been granted privileges at Joint Replacement Center of Louisiana.

My physician has explained, and I (we) understand that the following surgical, medical, and/or diagnostic procedures and anesthesia are recommended for me, and I (we) voluntarily consent to and authorize these procedure scheduled.

I (we) also understand that my physician may discover other or different conditions, which require additional or different procedures than those planned. I (we) authorize my physician and other physicians, associates, technical assistants, and health care providers to perform such other procedures which are advisable in their professional judgment.

I (we) understand that there are risks and hazards related to the performance of surgical, medical, and/or diagnostic procedures planned for me as well as the administration of anesthesia. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. My physician has explained the reasons that the above surgical, medical, and/or diagnostic procedures and anesthesia are recommended as well as the material risks and benefits of the above surgical, medical, and/or diagnostic procedures and anesthesia, including the likelihood of such risks, based on available clinical evidence. My physician also has explained, and I (we) also understand the alternatives to this procedure, including continuing my present condition without treatment, the material risks and benefits of the alternatives, and the probable consequences of declining surgery or other alternative therapies.

I (we) consent to the use of blood and/or blood products or other fluids as deemed necessary. I (we) understand the risks and hazards associated with the use of blood and blood products are: fever, transfusion reaction, which may include kidney failure or anemia, heart failure, hepatitis, AIDS (Acquired Immune Deficiency Syndrome) and other infections.

I (we) understand that each patient is admitted under the care of the patient's attending physician. I (we) understand that although all physicians practicing at Joint Replacement Center of Louisiana are members of Joint Replacement Center of Louisiana medical staff, they are not agents or employees of the facility and are not authorized to make representations on behalf of the facility. Specifically, I (we) understand that the radiologists, pathologists, anesthesiologists, and all other physicians are independent contractors and are not agents or employees of Joint Replacement Center of Louisiana. I (we) further understand and agree that _Joint Replacement Center of Louisiana is not liable or responsible for the care and treatment rendered to the patient by the physician members of the Surgery Center's medical staff.

I (we) understand that no warranty or guarantee has been made as to results or cure.

I (we) authorize my doctor and/or such assistants as he/she may select to photograph or videotape me. I (we) understand that the photographs/video will be used only for medical and educational purposes without showing my face and will not be released in any other context without my express written permission. I consent to the physician emailing me and the physician's office copies of photographic/radiologic images taken during my procedure at Joint Replacement Center of Louisiana.

I (we) consent to the disposal of any tissues or parts that may be removed in accordance with customary practice.

I (we) consent to the admittance of persons required for equipment technical support to the room in which the procedure is performed.

I (we) understand that I am scheduled to go home after my surgery and that I must have a responsible adult drive me home and stay with me as advised by my physician.

I (we) understand the surgery is intended to be performed on an outpatient basis. I consent to my transfer to a hospital or other facility should my physician(s) deem it advisable or necessary. I understand that I assume financial responsibility for charges incurred by transfer and admission to a hospital.

I (we) understand that Joint Replacement Center of Louisiana is not responsible or liable for the loss of or damage to any article of value that I have brought to this facility.

I (we) understand that if any healthcare worker is exposed to my blood or other bodily fluid, I (we) allow Joint Replacement Center of Louisiana to perform tests on my blood or other bodily fluid to determine the presence of any communicable disease, including but not limited to hepatitis and human immunodeficiency virus (which is the causative agents of AIDS). I (we) understand that such testing is necessary to protect those who will be caring for me while I am a patient of the Surgery Center. I (we) understand that the results of such tests do not become a part of my medical record.

I am aware that my physician may have financial interest in Joint Replacement Center of Louisiana as listed in the facility Patient Rights & Responsibilities disclosure.

The nature, purpose, and possible complications of the surgical, medical, and/or diagnostic procedure(s) described above, risks and benefits reasonably expected, and the alternative methods of treatment have been explained to me (us) by the physician, and I (we) understand the explanation I (we) have received. I (we) have asked all of the questions I (we) thought were important in deciding whether or not to undergo treatment, those questions have been answered to my (our) satisfaction, and I wish to proceed with my scheduled procedure(s).