

Roland D. Reinhart, M.D., APC
39700 Bob Hope Dr., Ste 202
Rancho Mirage, CA 92270

Advanced Pain Management
39700 Bob Hope Dr., Ste 204
Rancho Mirage, CA 92270

Advanced Notice Information

Patient's Rights and Responsibility

As a patient you have certain Rights and Responsibilities when you receive medical care. Your Rights and Responsibilities are posted in each of our offices. Additionally your Rights and Responsibilities are posted in every location that we provide services. These include but are not limited to Eisenhower Memorial Hospital, John F. Kennedy Hospital, Sedona Surgical Center and Advanced Pain Management.

Disclosure Statement

I have been informed regarding the financial interest in Advanced Pain Management and Sedona Surgical Center in accordance with Labor Code 139.3, and the Business and professional Code 654.2.

Please be advised Roland D. Reinhart, M.D., has 100% ownership interest in all medical services provided at this facility which is *doing business as*: **Advanced Pain Management**

Roland D. Reinhart, M.D. and Mark Bouffard, M.D. also have a financial interest in Sedona Surgical Center.

Notice of Advanced Directives

You have the right to make informed decisions about your health care including what care you may wish to have should you become gravely ill. Letting family members and health care providers know what medical care you may want in the future (in the event you become very ill) is known as an Advanced Directive. You should discuss your wishes with your family and your primary care physician. A copy of your Advanced Directive should be given to your primary care physician. We will be happy to keep your Advanced Directive on file in our office.

*****Please note, the Policy of Advanced Pain Management is to provide full Resuscitation regardless of your Advanced Directive.*****

Notice of Privacy Practice

You may receive a copy of Advanced Pain Management and Roland Reinhart, M.D., APC, Notice of Privacy Practices at any time upon your request. Your Notice of Privacy Practices is posted in each of our offices.

Notice Receipt Acknowledgement

I, _____, acknowledge that I have received the following documents for Roland D. Reinhart, M.D. APC and Advanced Pain Management:

- Notice of Privacy Practices
- Disclosure Statement
- Notice of Advanced Directives
- Notice of Patients Rights

I have had full opportunity to read and consider the contents of these documents. This I attest to under penalty of perjury that I have been made aware of these policies prior to the procedure or scheduled surgery. **Please sign and return this mailed document on the date of your scheduled surgery.**

Signature: _____ Date: _____

If this authorization is signed by a personal representative on behalf of the individual, complete the following:

Name: _____ Relationship to individual: _____

Print Patients Name: _____

Address: _____

Phone: _____ Social Security Number: _____