

PATIENT CARE STATEMENT

It is the policy of the Cardiovascular Institute of the South (CIS) and its physicians to inform each patient that we strive to deliver excellence in health care. However, we feel that it is critical that our patients fully understand that cardiovascular disorders are by their very nature serious and capable of causing immediate death or disability. It is important that expectations are not unrealistically high.

There are no isolated tests or laboratory findings that absolutely pinpoint diagnoses. In fact, the patient's symptoms are often the most reliable predictors of problems. At other times, however, major problems may show no symptoms at all. The treatment and diagnostic tests employed in treating patients with cardiovascular disorders vary from institution to institution, as well as amongst individual physicians at the same institution. Physicians base their approach on prior training, results of prior treatments, and philosophies of medical care. Medical science and literature abound with different opinions about how best to diagnose, treat, and follow patients with cardiovascular disorders. It is expected that different physicians may have different opinions and methods, all of which may be reasonable.

BECAUSE OF THIS, WE ENCOURAGE OUR PATIENTS TO ASK ANY QUESTIONS WHEN THEY ARE UNSURE. WE ENCOURAGE SECOND OPINIONS FROM ANY PHYSICIAN THAT THE PATIENT CHOOSES.

As cardiovascular disorders often involve multiple organ systems such as the brain, heart, intestines, kidneys, and legs, it is often important to evaluate other crucial organs before proceeding with treatment. In fact, sometimes patients have to be treated for more life-threatening conditions before we can address the problems that cause their presenting symptoms. In particular, some success in the non-surgical treatment of vascular blockages of the legs has led us to take a more aggressive approach than some centers. While this approach has resulted in limb salvage and alleviation of leg pain in numerous patients while sparing veins for future use and avoiding surgery, there are significant risks, including but not limited to death, brain damage, paralysis of both legs and both arms, loss of an internal or external organ, loss of an arm or leg, loss of function of an internal or external organ, loss of function of an arm or leg, disfiguring scars, bleeding (both internal and external), reaction or allergy to dye, stroke, heart attack, kidney failure, and infection. Many patients with leg blockages have diabetes, kidney disorders, blocked heart arteries, and/or blocked arteries to the brain that must be treated first and these conditions increase the chances of the complications mentioned immediately above.

Patients at CIS can expect to see several different doctors. This is to allow for prompt and efficient healthcare that would not be possible from one physician. No one physician can be awake, alert, and efficient twenty-four hours a day. The patient also benefits from the opinions of multiple physicians.

CIS, its subsidiaries, and their physicians are sometimes involved in experimental or investigational therapies. Those therapies are limited to those we feel offer our patients greater benefits than existing, established therapies. By the very nature of the word "experimental" it must be understood that the short and long term results of these measures have not been clearly determined.

In striving to offer our patients the latest in medical and surgical therapy of their disorders, we sometimes use newly released medications that may ultimately be found to have adverse or unexpected effects. In fact, complications can and do occur with all medical and surgical treatments, even with the best of care.

As medicine is not an exact science and conditions do change, ideal medicine requires communication, cooperation, mutual respect, and appropriate follow-up. We have patient representatives whom we encourage our patients to notify if there are any questions, concerns or miscommunications.

See reverse side.

Although we strive for excellent results, it must be understood that there are conditions beyond our control and that patients with cardiovascular disorders are some of the highest risk patients. Patients with these problems can and do have complications and some even die. In fact, cardiovascular disorders are the leading cause of death and disability in America.

WE STRIVE TO DELIVER THE SAME KIND OF CARE THAT WE WOULD WANT FOR OUR OWN FAMILIES. THIS, UNFORTUNATELY, DOES NOT GUARANTEE SUCCESS, AND WE THEREFORE CANNOT AND DO NOT GUARANTEE RESULTS OR SUCCESS.

PATIENT CARE CONTRACT

I understand that I am in large measure responsible for my health.

I understand that I must communicate any problem that I have to my physician, and that I must follow recommendations made by that physician. Unhealthy practices such as smoking, leaving the hospital against medical advice, failure to take medications, failure to appropriately exercise, and failure to follow the physicians' advice may be very harmful to my health.

I understand that medical science is not perfect and that physicians cannot detect all problems by physical examination and laboratory results. It is my responsibility to communicate to the physicians, or their staff, all symptoms or changes in symptoms. Even in the best of circumstances, medical treatment is not always successful.

I understand that optimal results require routine follow-up.

I understand that this contract is meant to advise me of the importance of communication and follow-up and to make me aware of the limitations of medical success so that I will not have unrealistically high expectations of improvement or success.

I understand that I must accept responsibility for my care and I absolve Cardiovascular Institute of the South, its subsidiaries, physicians and staff from any problems that may arise because of my failure to follow medical advice at any time during my treatment. I also clearly recognize that no improvement, cure or success is guaranteed—and possibly none will result.

In signing this document, consisting of the Patient Care Statement and Patient Care Contract, I acknowledge that I have read it, and/or have had it read to me, word by word, and that I understand the wording or have had it explained to me so that I understand, and that all questions which I raised have been satisfactorily answered. It has been suggested that I discuss this with my family.

Patient's Name

Patient's Signature

Date

Family Member's Name

Family Member's Signature

Date

This document was read to the above patient (or if the patient is not able to understand, to patient's family) by me, _____, on the _____ day of _____, 20____. Questions were/were not raised by the patient, (or family members). The questions asked were brought to the attention of, and discussed with, Dr. _____ at _____ a.m./p.m. on the _____ day of _____, 20____.

CIS Representative