

## **SOUTH EMERSON SURGERY CENTER PATIENT RIGHTS & NOTIFICATION OF OWNERSHIP**

As a patient of the South Emerson Surgery Center Surgery Center, you have the right to receive the following information in advance of the date of the procedure.

### **PATIENT'S BILL OF RIGHTS:**

Every patient has the right to be treated as an individual with his/her rights respected. The facility and medical staff have adopted the following list of patient's rights.

### **PATIENT RIGHTS:**

- To receive respectful, considerate and dignified care given by competent personnel.
- To be provided, upon request, the name of his/her attending practitioner, the names of all other practitioners directly participating in his/her care, and the names and functions of other health care persons having direct contact with the patient.
- The right to have records pertaining to his/her medical care treated as confidential, except as otherwise provided by law.
- The opportunity to approve or refuse release of his/her medical care records prior to submission to any party, including third parties based on contractual arrangements, except as otherwise provided by law.
- Consideration of privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.
- To expect emergency procedures to be implemented without unnecessary delay.
- The right to know what ambulatory care facility rules and regulations apply to his/her conduct as a patient.
- To be given the opportunity to participate in decisions involving his/her health care, except when such participation is contraindicated for medical reasons.
- To good quality care and high professional standards that are continually maintained and reviewed.
- To full information in layman's terms, concerning diagnosis, evaluation, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the responsible person.
- Except in cases of emergency, the practitioner shall obtain the necessary informed consent prior to the start of the procedure.
- A patient, or if unable to give informed consent, a person responsible to the patient, has the right to be advised when a practitioner is considering the patient as a part of a medical care research program or donor program, and the patient, or responsible person shall give informed consent prior to actual participation in the program. A patient or responsible person may refuse to continue in a program to which he or she has previously given informed consent.
- The right to refuse the participation of Center in the patient's treatment.
- Right to refuse drugs or procedures, to the extent permitted by statute, and a practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.
- To medical and nursing services without discrimination based upon age, race, color, religion, gender, national origin, handicap, disability or source of payment.
- A patient who does not speak English or is deaf shall have access, when necessary, to interpretation services.
- A patient who is blind or deaf shall have alternative communicative assistance available to them, if requested.
- Shall have access to the information contained in his/her medical records at the ambulatory care facility, unless the attending practitioner for medical reasons specifically restricts access.
- To expect good management techniques to be practiced within the ambulatory care facility. Techniques shall make effective use of the patient's time and shall avoid personal discomfort of the patient.
- To be transferred when an emergency occurs to another facility and requires transfer to a location capable of providing emergency services, with notification to both patient or their responsible party and the facility prior to the patient's transfer.
- To examine and receive a detailed explanation of his/her bill.
- To expect that the ASC will provide information for continuing health requirements following discharge and the means for meeting them.
- The right, without recrimination, to voice comments, suggestions, complaints and grievances regarding care; to have those complaints reviewed and when possible, resolved; and when not resolved, to obtain information regarding external appeals, as required by state and Federal law and regulations.
- To be informed verbally and in writing, in terms the patient could understand, of his/her rights, responsibilities, and expected conduct by the ambulatory care facility at the time of admission.
- If adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, your rights are exercised by the person appointed under State law to act on your behalf. If a State court has not adjudged you incompetent, any legal representative designated by you in accordance with State law may exercise your rights to the extent allowed by State law.
- The right to information covering services available at the ASC, the fees related to those services, and the payment policies governing restitution for services rendered.
- The right to information on the provision of after hours and emergency services for care and treatment rendered at the ASC.
- The right to confidentiality of your clinical records.
- The right to information on advance directives, as required by state or Federal law and regulations. Advance Directives will not be honored within the Center. In the event of a life-threatening event emergency medical procedures will be implemented. Patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family. If the patient or patient's representative wants their Advance Directives to be honored, the Patient will be offered care at another facility that will comply with their wishes. If you request, an official state Advance Directive Form will be provided to you.
- The right to be provided, upon request, information pertaining to the process of credentialing of the practitioners rendering care and treatment at the ASC.
- The right not to be misled by the organization's marketing or advertising regarding their competence and capabilities.
- The right to personal privacy, receives care in a safe setting, and be free from all forms of abuse or harassment.
- Be free from violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, and harassment.

- The right exercise his or her rights without being subjected to discrimination or reprisal, voice grievances regarding treatment or care that is (or fails to be) furnished, be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Upon receipt of grievance you will receive written acknowledgment within (7) days and a written notice of decision/resolution within 30 days.
- To obtain names, addresses, and telephone numbers from the Center Director of the governmental offices were complaints may be lodged.
- To obtain names, addresses and telephone numbers of offices where information concerning Medicare and Medicaid coverage can be obtained.

**PATIENT RESPONSIBILITIES: each patient treated at the SESC ASC has the responsibility to:**

- Provide full cooperation with regards to instructions given by his/her surgeon, anesthesiologist, and operative care (pre and post).
- Provide the SESC staff with all medical information that may have a direct effect on the provider at the SESC.
- Provide the SESC ASC with all information regarding third-party insurance coverage.
- Fulfill financial responsibility, for all services received, as determined by the patient's insurance carrier.

**Expressing Concerns about Your Care**

1. You have the right to express a concern or complaint concerning the facility, your care or a facility employee without your care being adversely affected. If we do not meet your expectations in any way, please let us know. If there is a problem, we want to correct it. Voicing your concern will not affect the care you receive. To express a concern, contact your nurse, department manager/director, or administration.
2. Your concerns are important to us, and we will attempt to resolve them as quickly as possible. In the event that we cannot address your concerns to your satisfaction, you may file a grievance with our Complaint Line at .
3. Once your grievance has been presented to administration, it will be investigated and you will receive a response. You also have the right to contact the state licensure agency and report your concerns regardless of whether you have first used the facility's process to address your concerns:

**Advance Directives**

Because your procedure is elective, SESC does NOT honor any advance directive. In the event of a patient transfer or transfer of medical records from this facility to another, the Advance Directive should be part of the record sent.

The following are the names and/or agencies you may contact to voice a grievance or complaint without fear of reprisal.

**Kim Foote (Administrator)**  
**South Emerson Surgery Center**  
**8141 S. Emerson Ave. Suite A**  
**Indianapolis, IN 46237**  
**317-888-1051**

You may contact your state representative to report a complaint:

**Indiana Department of Health**  
**2 North Meridian Street**  
**Indianapolis, Indiana 46204**  
**(317) 233-1325**  
<http://www.in.gov>

Sites for address and phone numbers of regulatory agencies:

**Complaint Hotline: 1-800-254-5164**

**Medicare Ombudsman website**  
[www.medicare.gov/Ombudsman/resources.asp](http://www.medicare.gov/Ombudsman/resources.asp)

**Medicare:** [www.medicare.gov](http://www.medicare.gov) or  
 Call 1-800-MEDICARE (1-800-633-4227)

**Office of Inspector General**  
**U.S Department of Health & Human Services**  
**Attn: HOTLINE**  
**P.O Box 23489**  
**Washington, DC 20026**  
**Phone: (800) HHS-Tips (800) 447-8477**  
**Fax: (800) 233-8164**  
**TTY: (800) 377-4950**  
**Email: [HHStips@org.hhs.gov](mailto:HHStips@org.hhs.gov)**

**Physician Financial Interest and Ownership:**

*The Center is owned, in part, by the physicians. The physician(s) who referred you to this Center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with Federal regulations.*

**By signing below, you, or your legal representative, acknowledge that you have received, read and understand this information (verbally and in writing) in advance of the date of the procedure and have decided to have your procedure performed at this center.**

\_\_\_\_\_, I hereby acknowledge receipt of the Patient Rights & Notification of Ownership.

Signed:\_\_\_\_\_

Date:\_\_\_\_\_