

NORTHWEST SURGERY CENTER RED OAK

PATIENT RIGHTS

The patient will be provided a copy of the "Patient Rights and Responsibilities" prior to the procedure.

The patient has the right to be free from discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.

The privacy of all patients shall be respected at all times. Patients shall be treated with respect, consideration and dignity.

Patients shall receive assistance in a prompt, courteous, and responsible manner.

Patient disclosures and medical records are considered confidential. Except as otherwise required by law, patient records and/or portions of records will not be released to outside entities or individuals without patients and/or designated representatives consent express written approval. Patients are given the opportunity to (approve) or refuse the release of their medical records.

Patients have the right to know the identity and status of individuals providing services to them.

Patients have the right to change providers if they so choose. Patients are informed of the credentials of all staff who will be providing care during the patients stay.

Patients, or a legal authorized representative, have the right to thorough, current and understandable information regarding their diagnosis, treatment options and prognosis, if known, and follow-up care. All patients will sign an informed consent form after all information has been provided and their questions answered.

When it is medically inadvisable to give such information to the patient, the information is provided to a person designated by the patient or to a legally authorized person.

Patients have the right to choose another facility for their procedure.

Unless participation is medically contraindicated, patients have the right to participate in all decisions involving their healthcare.

Patients have the right to refuse treatment and to be advised of the alternatives and consequences of their decisions. Patients are encouraged to discuss their objectives with their provider.

Patients have the right to refuse participation in experimental treatment and procedures. Should any experimental treatment or procedure be considered, it shall be fully explained to the patient prior to commencement.

Patients have the right to make suggestions or express complaints about the care they have received and to submit such to the Center Administrator or Clinical Supervisor so the grievance may be addressed in a timely manner.

Patients have the right to be provided with information regarding emergency and after-hours care.

Patients have the right to obtain a second opinion regarding the recommended procedure. Responsibility for the expense of the second opinion rests solely with the patient.

Patients have the right to a safe and pleasant environment during their stay.

Patients have the right to have visitors at the Center as long as visitation does not encumber Center operations and the rights of other patients are not infringed.

Patients have the right to have procedures performed in the most painless way possible.

Patients have the right to an interpreter if required.

Patients have the right to be provided informed consent forms as required by the laws of the State of Texas.

Patients have the right to truthful marketing and/or advertising regarding the competence and capabilities of the Center and its staff.

Patients have the right to have copies of their "Advance Directives" and "Living Wills" in their medical records and to have Center staff honor these wishes to the extent feasible. However, due to the Centers limited capabilities, in the event of an emergency, the patient will be transferred to the nearest hospital. Hospital staff will be informed of the existence of the Advance Directives and such will be provided if the Center has copies.

Patients will be provided, upon request, all available information regarding services available at the Center, as well as information about estimated fees and options for payment.

Patients have the right to approve the release of their medical records to other care providers, legal representatives and other persons authorized by the patient.

Patients have the right to exercise his/her rights without being subjected to discrimination or reprisal.

Patients have the right to be free from all forms of abuse or harassment.

If a patient is judged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

Voicing Complaints: PATIENT COMPLAINT OR GRIEVANCE

Our staff strives to provide excellent care and service. If you have any suggestions, concerns or we fail to meet your expectations in any way, please do not hesitate to let us know as soon as possible. Rest assured that voicing a concern will never adversely affect the care and service we provide. Usually, a word to your nurse or a member of our staff is all that is needed, but if you prefer, you can contact the Administrator of Northwest Surgery Center Red Oak at 281-895-9100. Your question or concern will be promptly addressed. If this venue does not provide you with an acceptable resolution, the Texas Department of State Health Services is the responsible agency for ambulatory surgical center complaint investigations. Any complaints may be submitted to: Director, The Texas Department of State Health Services, Health Facility Compliance Division, 1100 West 49th Street, Austin, Texas 78756, 1-888-973-0022. Medicare Ombudsman contact: 1-800-MEDICARE; www.cms.hhs.gov/center.

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PATIENT RESPONSIBILITIES

Patients are expected to provide complete and accurate medical histories, to the best of their ability, including providing information on all current medications, over-the-counter products and dietary supplements and any allergies or sensitivities.

Patients are responsible for keeping all scheduled pre- and post-procedure appointments and complying with treatment plans to help ensure appropriate care.

Patients are responsible for reviewing and understanding the information provided by their Physician or nurse. Patients are responsible for understanding their insurance coverage and the procedures required for obtaining coverage.

Patients are responsible for providing insurance information at the time of their visit and for notifying the receptionist of any changes in information regarding their insurance or medical information.

Patients are responsible for paying all charges for co-payments, co-insurance and deductibles or for non-covered services at the time of the visit unless other arrangements have been made in advance with the Center Administrator.

Patients are responsible for treating Physicians, Staff and other patients in a courteous and respectful manner.

Patients are responsible for asking questions about their medical care and to seek clarification from their Physician of the services to be provided until they fully understand the care they are to receive.

Patients are responsible for following the advice of their provider and to consider the alternatives and/or likely consequences if they refuse to comply.

Patients are responsible for expressing their opinions, concerns or complaints in a constructive manner to the appropriate personnel at the Center.

Patients are responsible for notifying their health care providers of patient's Advance Directives, Living Wills, Medical Power of Attorney or any other directives that could affect their care.

Patients are responsible for having a responsible adult transport them from the Center and remain with the patient for twenty-four (24) hours, if required by the Physician.

The patient will be provided a copy of the Patient Rights and Responsibilities prior to the procedure.

The patient or family may voice concerns or complaints without having care affected in any way. They may discuss their concerns with their doctor, nurse, or other caregiver. If concerns are not resolved, they should contact the Administrator at 281-895-9100. If preferred, the patient/caregiver may contact the Texas Department of State Health Services Health Facility Compliance Division, PO Box 149347 Mail Code: 1979 Austin, TX 78714 or their Ombudsman at 800-MEDICARE or www.cms.hhs.gov/center/ombudsman.

ADVANCE DIRECTIVE NOTIFICATION

In the State of Texas all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patients expressed wishes when the patient is unable to make decisions or unable to communicate decisions. The Northwest Surgery Center Red Oak respects and upholds those rights.

However, unlike in an acute care hospital setting, the Northwest Surgery Center Red Oak does not routinely perform "high risk" procedures. While no surgery is without risk, most procedures performed in this facility are considered to be of minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the procedure contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care Power of Attorney.

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

DISCLOSURE OF OWNERSHIP

Northwest Surgery Center Red Oak is proud to have a number of quality physicians invested in our facility. Their investment enables them to have a voice in the administrations of policies of our facility. This involvement helps to ensure the highest quality of surgical care for our patients. Your physician may have a financial interest in this facility. If this is of a concern to you, please discuss it with your physician. Your physician will inform you of his/her financial interest.

PATIENT SATISFACTION

Our vision at Northwest Surgery Center Red Oak is to serve with compassion the health needs of the people in our community by providing quality, innovative care. Our mission is to meet the needs of each and every patient whose care is our primary purpose and mission. To accomplish this we need to know what we are doing right and what needs improvement. Upon discharge you'll receive a Patient Satisfaction Survey. Please take a few moments to complete and return in the postage-paid envelope. We appreciate your feedback.