

PATIENT RIGHTS

1. To become informed of his/her rights as a patient in advance of the day of the procedure, or when discontinuing, the provision of care. Patient may use an appointed representative. The patient may have a family member or representative of her choice be involved in his/her care.
2. Exercise these rights without being subject to reprisal or discrimination with regard to race, sex, culture, educational or religious background or the source of payment for care. To have considerate and respectful care, provided in a safe environment free from all forms of abuse or harassment.
3. Remain free from seclusion or restraints of any form that are not medically necessary.
4. Coordinate his/her care with physicians and receive information about illness, course of treatment and the prospects for recovery in terms he/she can understand.
5. Receive any information about any proposed treatment or procedure as needed and the expected outcome, to give informed consent or to refuse treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment and the risks involved.
6. Full consideration of patient privacy concerning consultation, examination, treatment and surgery.
7. Confidential treatment of all communications and records pertaining to patient care. Written permission will be obtained before medical records can be released to anyone not directly concerned with patient care. Patient will have access to information in the medical record within a reasonable time frame (72 hours).
8. May leave the facility even against medical advice.
9. To make or file a complaint or grievance; to communicate any of his/her healthcare problems; to void grievances regarding treatment or care that is (or fails to be) furnished and receive written notice of the ASC's decision within 10 days unless otherwise notified.
10. Be informed by physician or designee to the continuing healthcare requirements after discharge.
11. Examine and receive an explanation of the bill regardless of source of payment.
12. Have all patient's rights apply to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
13. **All facility personnel performing patient care activities shall observe these above rights.**

PATIENT RESPONSIBILITIES

1. The patient has the responsibility to provide accurate and complete information concerning present complaints, past illnesses, hospitalizations or any other health issues.
2. The patient is responsible for making it known whether the planned surgical procedure/treatment risks, benefits and alternative treatments have been explained and understood.
3. The patient is responsible for following the treatment plan established by the physician, including instructions by nurses and other health care professionals, given by the physician.
4. The patient is responsible for keeping appointments or notifying the facility/physician in advance if unable to do so.
5. The patient accepts full responsibility for refusal of treatment and/or not following directions.
6. The patient is responsible for assuring that the financial obligations of her care are fulfilled as promptly as possible.
7. The patient is responsible for being respectful or the rights of others in the facility and is responsible for following facility policies and procedures.
8. The patient is responsible for notifying the staff if they have any safety concerns, feels their safety is being threatened, or feel their privacy is being violated.
9. The patient is responsible for providing a responsible adult to transport them home from the facility and to remain with her for the first 24 hours.
10. The patient is responsible for informing the staff about living will, medical power of attorney, or other advance directives that could affect her care.

PHYSICIAN OWNERSHIP

Milton Hall Surgery Center is exclusively owned and operated by Jeffrey M. Gallups, M.D. FACS

ADVANCED DIRECTIVES

MHSC is not an acute care facility; therefore regardless of the contents of any advanced directive or instructions from a health care surrogate or attorney, if an adverse event occurs during your treatment, we will initiate resuscitative or any other stabilizing measures & transfer you to an acute care setting for further evaluation. Your agreement to this policy does not revoke or invalidate any current health care directives or health care power of attorney. If you are interested in information regarding Advance Directives you can contact: Georgia Division of Aging Services, 2 Peachtree Street NW, Suite 9.398, Atlanta, GA 30303-3142 or call the Division's information and Referral Specialist at (404) 657-5319. Copies of the Advance Directives forms and its instructions are available at no cost to you at the following websites: <http://www.gha.org/publications/public/other/AdvanceDirective.pdf> and <http://aging.dhr.georgia.gov/DHR-DAS/GEORGIA%20ADVANCE%20DIRECTIVE%20FOR%20HEALTH%20CARE-07.pdf>

- Complaints against the Surgery Center: Complaints Against the Physician: Complaints Against Nursing Staff:**
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| 1) Dept. of Comm. Health
Di. Attn: Complaint Dept.
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3142
1-800-326-0291
(404) 657-5700, (404) 657-5726 | 1) Composite State Board of Medical Examiners
Attn: Ms. Gladys Henderson,
2 Peachtree Street, N.W., 36th Floor
Atlanta, Georgia 30303
(404) 657-6487 | 1) Professional Licensing Boards
Complaints Unit Georgia Board of Nursing
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-1640 |
| 2) Leigh Anne Bearden, RN, Administrator
Renee Castleberry, RN
2365 Old Milton Parkway Suite 100
Alpharetta, GA 30009 770-753-0053 | 2) Issues Regarding Medicare:
Visit Medicare Ombudsman's
Webpage www.cms.hhs.gov/center/ombudsman.asp
or call 1-800-MEDICARE | |

I verify I have received and understand the information regarding physician ownership of Milton Hall Surgery Center, Patient Rights and Responsibilities, and the policy concerning Advance Directives prior to the date of my surgery.

Patient Signature	Printed Patient Name	Date
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