

Terre Haute Surgical Center

227 E. McCallister Drive • Terre Haute, IN 47802

PATIENT RIGHTS

- Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care.
- Be fully informed and have complete information provided in a manner or language primarily used by the patient or surrogate and to the extent known by the physician, regarding diagnosis, evaluation, treatment, and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure. When it is medically inadvisable to give such information to the patient, information is given to the patient's designated person or to the legally authorized person.
- Be free from any discrimination and 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.
- Personal privacy, including privacy and security of Individually identifiable health information.
- Receive care in a safe setting.
- Be free from all forms of abuse and harassment.
- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death. Receive notice of their rights prior to the start of surgical procedure, verbally and written in a language and manner that ensures the patient or their representative or surrogate understand all of the patient rights.
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services.
- Be fully informed of the scope of services available at the facility, their healthcare professional's credentials, provisions for after-hours care, payment policies, and related fees for services rendered.
- Be a participant in the decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative, surrogate, or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third party payment contract.

Be informed of any human experimentation or other research/educational projects affecting his/her care or

treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.

- Express grievances/complaints and suggestions at anytime.
- Access to and/or copies of his/her medical records
- Be informed verbally and in writing of facility policy regarding advance directives/living wills and related laws and have access to more official advanced directives information/forms.
- Be fully informed before any transfer to another facility and ensure the receiving facility has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy.
- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English.
- An assessment, regular assessment, and reassessment of pain.
- Education of patients, surrogates, and caregivers, when appropriate, regarding their roles in managing pain.
- To change providers if other qualified providers are available.

If a patient is adjudged 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. If a state court has not adjudged a patient incompetent, any Legal representative designated by the patient in accordance with state laws may exercise the patient's rights to the extent allowed by state law.

PATIENT RESPONSIBILITIES

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking, and other distractions.
 - Respecting the rights and property of the facility and of other patients and visitors and notifying the center if the patient's rights have been violated.
 - Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her for self care before and after the procedure. Also, for notifying the center if unable or unwilling to follow the instructions or has failed to follow given instructions and for notifying physician of any complications.
 - Keeping appointments and, when unable to do so for any reason, for notifying the facility and physician.
 - Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.
 - Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and being responsible for the outcome.
 - Promptly fulfilling financial obligations to the facility.
 - Identifying and reporting any patient safety concerns.
- Ensuring a responsible adult accompanies the patient to the facility, drives the patient home, and agrees to care for the patient 24 hours after discharge unless otherwise directed by their physician.

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PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at (812) 234-4315 or by mail at:

Terre Haute Surgical Center
227 EAST MCCALLISTER DRIVE
TERRE HAUTE, IN 47802
812 234-4315

Complaints and grievances may also be filed through:
INDIANA STATE DEPARTMENT OF HEALTH
317 233-7442
VIGO COUNTY HEALTH DEPARTMENT
812 462-3428
OR

ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTHCARE
www.aaach.org 847 853-6060 (phone)

ALL MEDICARE beneficiaries may also file a *complaint or grievance* with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at:
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> or call 1-800-MEDICARE, TTY 1-877-486-2048

If you feel you are a victim of *Medicare Fraud*, please refer to the following information to report your claim:

Phone: 1-800-HHS-TIPS (1-800-447-8477)
Email: HHTips@oig.hhs.gov
Fax: 1-800-223-8164 (may not send more than 10 pages)
Mail: Office of Inspector General
HHS Tips Hotline
P.O. Box 23489
Washington, DC 20026

ADVANCE DIRECTIVE NOTIFICATION

In the State of INDIANA 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 patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. Terre Haute Surgical Center respects and upholds those rights.

However, unlike in an acute care hospital setting, Terre Haute Surgical Center 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 contents of any Advance Directive or instructions from a health care representative, 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 the facility's policy, we will be pleased to assist you in rescheduling your procedure.

DISCLOSURE OF OWNERSHIP

Terre Haute Surgical Center is proud to have a number of quality physicians invested in our facility. Their investment enables them to have a voice in the administration of policies of our facility. This involvement helps to ensure the highest quality of surgical care for our patients. The following physicians do have a financial interest in this facility.

Roger Bailey, MD
Jeffery Bollenbacher, DO
Padma Ponugoti, MD
Elliot Kleinman, DPM
G. Andrew Wilson, MD

By signing this document, I acknowledge that I have read and understand its contents:

Patient/Patient Representative Signature Date