

Summit Surgery Center Patient Notification

SUMMARY OF PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Tennessee law requires that your health care provider or health care facility recognize your rights when you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity and with protection of his or her need for privacy.
- A patient has the right to a prompt and reasonable response to questions and request.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to change primary or specialty physicians or dentist if other qualified physician or dentists are available.
- A patient has the right to know what patient support services are available, including whether an interpreter is available or if he or she does not speak English.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given by his health care provider information concerning diagnosis, planned course of treatment, alternatives, risk and prognosis.
- A patient has the right to refuse treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information as necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, up front and in advance of treatment, whether the health care provider or health facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- A patient has the right to treatment for an emergency medical treatment that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding his or her rights, as stated in Tennessee law, through the grievance procedure of the health care provider or health care facility which serviced him or her and to the appropriate state licensing agency.
- A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care and facility rules and regulations affecting patient care and conduct.

FILING COMPLAINTS

Any complaint may be registered with the facility's Administrator at (615) 391-7200. If the patient is not satisfied with the resolution, a complaint may be registered with:

TN Department of Health • 425 5th Avenue North • Nashville, TN 37247 • 1-800-852-2187
Visit the Ombudsman's webpage at www.cms.hhs.gov/center/ombudsman.asp on the web

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DISCLOSURE OF OWNERSHIP

Physician does have a financial interest in this facility.

Physician does not have a financial interest in this facility.

Physician Name _____

ADVANCE DIRECTIVE NOTIFICATION:

In the state of Tennessee, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Power 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. The Summit Surgery Center respects and upholds those rights.

However, unlike in an acute care hospital setting, the Summit Surgery Center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without 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 surgery.

Therefore, it is our policy, regardless of the 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 healthcare 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.

WARNING!

**YOU MUST CONTACT THE FACILITY PRIOR TO YOUR DATE OF SERVICE.
PLEASE CALL 615-391-7223**

YOUR SURGERY WILL BE CANCELLED IF YOU FAIL TO CALL