

## SOUTHERN SURGERY CENTER

### PATIENT RIGHTS

1. Patients are treated with respect, consideration and dignity.
2. Full consideration of patient privacy concerning consultation, examination, treatment and surgery.
3. To have considerate and respectful care, provided in a safe environment.
4. To become informed of his/her rights as a patient in advance of, or when discontinuing, the provision of care. The patient may use an appointed representative.
5. Have a family member or representative of his/her choice be involved in his/her care.
6. Have all patient's rights apply to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient
7. Remain free from seclusion or restraints of any form that are not medically necessary.
8. Coordinate his/her care with physicians and healthcare providers they will see; patients have the right to change their provider if other qualified providers are available.
9. Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
10. Patient will receive information about any proposed treatment or procedure as needed 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 of non-treatment and the risks involved.
11. Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
12. Be informed by physician or designee to the continuing healthcare requirements after discharge.
13. Confidential treatment of all communications, disclosures and records pertaining to patient care; patients will be given the opportunity to approve or refuse their release except when release is required by law.
14. Access information to his/her medical record within reasonable time frame (48 hours).
15. May leave the facility even against medical advice.
16. Patients are informed about procedures for expressing suggestions, complaints and grievances including those required by state and federal regulations.
17. Examine and receive an explanation of the bill regardless of source of payment.
18. Exercise these rights without regard to race, sex, cultural, educational or religious background or the source of payment for care.
19. Informed regarding: patient conduct and responsibilities, services available at the surgery center, provisions for after-hours and emergency care, fees for services, payment policies, right to refuse participation in experimental research, advance directives will be accepted at the surgery center, charity and indigent care policy, charges for services not covered by third-party payors, and credentials of health care professionals

**\*\*ALL FACILITY PERSONNEL PERFORMING PATIENT CARE ACTIVITIES SHALL OBSERVE THESE ABOVE RIGHTS\*\***

### PATIENT RESPONSIBILITIES

The patient has the responsibility for

- a. providing complete and accurate information to the best of his/her ability about his/her health (i.e., complaints, past illnesses, hospitalizations, any other health related issues) , any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- b. making it known whether the planned surgical procedure/treatment risks, benefits and alternative treatments have been explained and understood.
- c. following the treatment plan established by the physician, including instructions by nurses and other health care professionals, given by the physician.
- d. Providing a responsible adult to transport him/her from the surgery center and remain with him/her for 24 hours, if required by his/her provider.
- e. refusal of treatment and/or not following directions.
- f. assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
- g. being respectful of all the health care providers and staff, as well as other patients.
- h. following facility policies and procedures.
- i. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.

### PATIENT COMPLAINTS

Patients have the right to register a complaint, in writing, to the Administrator of Southern Surgery Center, LLC. Please submit complaint to:

Southern Surgery Center, LLC  
605 N. Westover Rd,  
Albany, GA 31707

If the complaint is not resolved to the patient's satisfaction he/she has a right to file a grievance with the Georgia Department of Community Health, Complaints Unit for concerns against the surgery center, the Composite State Board of Medical Examiners concerning the physician or the Professional Licensing Boards Division, Georgia Board of Nursing with concerns against any of the nursing staff. The patient should either call any of the complaint units or send a written complaint. The patient should provide the physician or surgery center name, and address and the specific nature of the complaint.

#### **COMPLAINTS AGAINST THE ASC:**

Georgia Department of Community Health  
Attn: Complaints Unit  
2 Peachtree Street, N.W., Suite 31-447  
Atlanta, Georgia 30303-3142  
P: (404) 657-5726; P: (404) 657-5728  
ONLINE:  
<https://services.georgia.gov/dhr/reportfiling/searchFacilit.y.do?action=constituentComplaint>

Joint Commission  
Office of Quality Monitoring  
One Renaissance Blvd  
Oakbrook Terrace, IL 60181  
800-994-6610

Issues regarding Medicare: [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp) or call 1-800-MEDICARE.

#### **COMPLAINTS AGAINST THE PHYSICIAN:**

Georgia Composite Medical Board  
Enforcement Unit  
2 Peachtree Street, N.W., 36<sup>th</sup> Floor  
Atlanta, Georgia 30303  
P: (404) 657-6494; (404) 656-1725  
F: (404) 463-6333  
ONLINE FORM:  
<https://versa.medicalboard.georgia.gov/datamart/gadchComplaint.do?from=loginPage>  
MAILED FORM:  
<http://www2.files.georgia.gov/GCMB/Files/CP%20Form%20022010.pdf>

#### **COMPLAINTS AGAINST NURSING STAFF:**

Professional Licensing Boards Division  
Georgia Board of Nursing  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
P: (478) 207-2440  
ONLINE:  
<https://secure.sos.state.ga.us/myverification/SubmitComplaint.aspx>