

Urology Surgery Center of Savannah

Patient Rights and Responsibilities

Disclosure of Ownership

Patient Grievance Notice

As a Patient you have the right to:

- Be informed of rights (both verbally and in writing) as a patient (or patient's representative) prior to, or when discontinuing, the provision of care. A list of these rights shall be posted within the surgery center so that such rights may be read by all patients.
- Exercise these rights without regard to age, race, color, national origin, disability, sex or cultural, economic, education, or religious background or the source of payment for care given.
- Formulate advance directives regarding your healthcare and have surgery center staff and practitioners who provide care in the surgery center comply with these directives (to the extent provided by state laws and regulations).
- Be treated with dignity and receive considerate and respectful care provided in a safe environment free from all forms of abuse, neglect or harassment.
- Remain free from seclusion or restraints of any form that are not medically necessary.
- Expect reasonable safety while in the surgery center.
- The name of the physician and staff who will be providing care and the name and professional relationships of other physicians and non-physicians who will participate in care.
- Receive appropriate information regarding provider credentialing.
- Receive as much information about any proposed treatment or procedure as needed in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate course of treatment or non-treatment and the risks involved in each in terms the patient can understand. Urology Surgery Center of Savannah will not honor DNR (Do Not Resuscitate) orders on any patient in this surgery center.
- The provision of language assistance services will be provided to the patient at no charge when needed/requested (i.e. sign language interpreter, large print, oral language translation services, etc.).
- Participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Express a complaint regarding care or any violation of your rights without being subjected to discrimination or reprisal.
- Be advised of the surgery center's grievance process and how to file grievance. Process should you wish to communicate concern regarding the quality of care you receive. Notification of the grievance process includes whom to contact to file a grievance, and that you will be provided with a written notice of grievance determination that contains the name of surgery center contact person, the steps taken on your behalf to investigate the grievance, the result of the grievance and the grievance completion date.
- Change physicians if desired, either within the surgery center or to another physician of your choice.
- Full disclosure of the privacy policy and full consideration of privacy concerning the medical care program. Confidential treatment of case discussion, consultation, examination and treatment, and all communications and records pertaining to your care at the surgery center. You have the right to be advised as to the reason for the presence of any individual involved in your healthcare. Your written permission shall be obtained before medical records can be made available to anyone not directly concerned with your care.
- Access information contained in your medical records within a reasonable time frame in accordance with state/federal laws and regulations.
- Reasonable responses to any reasonable requests made for service.
- Leave the surgery center even against the advice of the attending physician.
- Reasonable continuity of care.
- Be informed by the attending physician or designee of the continuing health care requirements following discharge.
- Obtain information before scheduled surgery about payment requirements of the bill, regardless of source of payment. Examine and receive an explanation of the bill regardless of source of payment.
- If eligible for Medicare, to know upon request and in advance of treatment whether a healthcare provider or facility accepts the Medicare assignment rate.
- Be advised if physician/surgery center proposes to engage in or perform human experimentation affecting the care or treatment. You have the right to refuse to participate in such research projects or clinical trials.
- Receive appropriate knowledge regarding absence of malpractice insurance.
- Receive pastoral care as requested and as appropriate to your needs.

All surgery center personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patients' rights.

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As a Patient you have the responsibility to:

- The care you receive depends partially on you. Therefore, in addition to these rights, you have certain responsibilities as well. These responsibilities should be presented to you in the spirit of mutual trust and respect.
- Provide accurate and complete information about present complaint, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities, and other matters related to your health status.
- Make it known whether course of treatment and what is expected of you is clearly understood.
- Follow the treatment plan established by the physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- Provide a responsible adult to transport you home from the ASC and remain with you for 24 hours if required by the physician.
- Keep appointments and notify the surgery center or physician when unable to keep an appointment.
- Accept responsibility for any actions resulting from the refusal to follow treatment or physician's orders.
- Inform the physician about any living will, medical power of attorney, or other directive that could affect your care.
- Accept and ensure that the financial obligations of care are fulfilled as promptly as possible.
- Follow surgery center policies and procedures.
- Behave respectfully toward all healthcare professionals, staff, and other patients.
- Be respectful of personal property and that of other persons in the surgery center.

Urology Surgery Center of Savannah strives to provide excellent patient care and service. If you should have a concern or complaint, please tell us so we can work to satisfy your needs. Ask to speak to the Surgery Center Manager.

Disclosure of Physician Ownership Interest in Surgery Center:

Please be advised that Drs. Buffi G. Boyd, David L. Cheng, Michael J. Cox, Andrew Michigan, Thomas E. Shook, Natalie Swavely, M.D. and Urological Associates of Savannah, PC own an interest in Urology Surgery Center of Savannah.

You are entitled to obtain the services for which you have been referred to Urology Surgery Center of Savannah at the location of your choice. Alternative sources of the services for which you have been referred to this entity are as follows:

St. Joseph's Candler Health System
5353 Reynolds Street
Savannah, GA 31405

Memorial Health University Medical Center
4700 Waters Avenue
Savannah, GA 31404

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If the patient has further concerns about the care being provided in this licensed ambulatory surgical treatment center, they may express concern to the appropriate representative within the surgery center according to the surgery center policy.

Patients may also file a complaint with:

State of Georgia
Georgia Department of Community Health
Complaints Division
2 Martin Luther King Jr. Drive SE
East Tower
Atlanta, GA 30334
Phone: (800) 878-6442
Fax: (404) 657-8935
Website: <https://dch.georgia.gov/hfrd-file-complaint>

Office of Civil Rights
US Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue SW
Washington, DC 20201
Email: ocrmail@hhs.gov
Phone: (800) 368-1019
TDD: (800) 537-7697
Website: <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

Medicare Beneficiary Ombudsman
Website: <https://dch.georgia.gov/hfrd-file-complaint>

Accreditation Association for Ambulatory Health Care (AAAHC)
Website: <https://form.jotform.com/223076045383050>