

Patient Rights and Responsibilities

Original Date	Review Dates	Revision Dates
10/2011		

POLICY

Each patient seeking services and care at Spivey Station Surgery Center has basic rights of expression, decision, action, and assurances of personal dignity. The ASC always endeavors to assure that these rights are protected for its patients. Any infraction or complaint concerning these rights should be brought to the attention of the Administrator. The ASC has the right to expect responsible and reasonable behavior on the part of the patients, their relatives, and their friends.

PATIENT RIGHTS

Access to Care

Individuals shall be accorded impartial access to treatment or accommodations that are available or medically indicated, regardless of age, race, color, sexual orientation, marital status, creed, sex, cultural, economic, educational, religious background, national origin, or sources of payment of care.

Respect and Dignity

The patient has the right to considerate, respectful care and recognition of his/her personal dignity at all times under all circumstances and the right to be free of all forms of abuse and harassment. Personnel have been instructed to address patients uniformly by the appropriate courtesy title.

Communication

The patient has the right of access to people outside the ASC by means of visitors and by verbal and written communication.

When the patient does not speak or understand the predominant language of the community (English), he/she will be provided an interpreter or access interpreter services via 1-800 Translate.

Consent

The patient has the right to reasonable informed participation in decisions involving his/her health care. To the degree possible, this is based on a clear, concise explanation of the condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success.

The patient will not be subjected to any procedure without his/her voluntary, competent, and understanding consent or that of a legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient will be so informed.

The patient has the right to know who is responsible for authorizing and performing the procedures or treatment.

The patient will be informed if the ASC proposes to engage in or perform experimentation or other research/educational projects affecting his/her care or treatment and the patient has the right to refuse to participate in any such activity.

The patient has the right to refuse personal care by any class of students assigned to the ASC for training purposes.

Personal Safety

The patient has the right to expect reasonable safety insofar as the ASC practices and environment are concerned.

Identity

The patient has the right to know the identity and professional status of individuals providing service and to know which physician or other practitioner is primarily responsible for his/her care. This includes the patient's right to know of the existence of any professional relationship among individuals who are providing treatment, as well as the relationship to any other health care or educational institutions involved in his/her care. Participation by patients in clinical training programs or in the gathering of data for research purposes is voluntary. The patient has the right to request physician's credentials.

Information

Information

The patient has the right to obtain, from the practitioner responsible for coordinating his/her care, complete and current information concerning diagnosis (to the degree known), treatment, and any known prognosis. This information will be communicated in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information will be made available to a legally authorized individual.

Privacy and Confidentiality

The patient has the right, within the law, to personal and informational privacy, as manifested by the following rights:

1. To refuse to talk with or see anyone not officially connected with the ASC, including visitors or personnel officially connected with the ASC but not directly involved in his/her care (See HIPAA Policies).
2. To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
3. To be interviewed and examined in surroundings designed to assure reasonable visual and auditory privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment, or procedure performed by a health professional of the opposite sex and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.
4. To expect that any discussion or consultation involving his/her case will be conducted discreetly and that individuals directly involved in his/her care will not be present without his/her permission.
5. To have his/her medical record read only by individuals directly involved in his/her treatment or the monitoring of its quality and by other individuals only on written authorization or that of a legally authorized representative.
6. To expect all communications and other records pertaining to his/her care, including the source of payment for treatment, to be treated as confidential.

Consultation

The patient, at his/her own request and expense, has the right to consult with a specialist.

Refusal of Treatment

The patient may refuse treatment to the extent permitted by law. When refusal of treatment by the patient or his/her legally authorized representative prevents the provision of appropriate care in accordance with professional standards, and the patient is fully informed of the consequences of his/her actions, the relationship with the patient may be terminated upon reasonable notice.

The patient has the right to formulate advance directives.

The patient has the right to leave the center even against the advice of physicians.

Transfer and Continuity of Care

A patient may not be transferred to another facility unless he/she has received a complete explanation of the need for the transfer and of the alternatives of such a transfer and unless the transfer is acceptable to the other facility. The patient has the right to be informed by the practitioner responsible for his/her care, or his/her delegate, of any continuing health care requirements following discharge from the ASC.

Center Charges

Regardless of the source of payment for his/her care, the patient has the right to request and receive an itemized and detailed explanation of his/her total bill for services rendered in the ASC. The patient has the right to timely notice prior to termination of his/her eligibility for reimbursement by any third party payor for the cost of care.

Center Rules and Regulations

The patient should be informed of the ASC rules and regulations applicable to his/her conduct as a patient. Patients are entitled to information about the ASC's mechanism for the initiation, review, and resolution of patient complaints.

Pain Management

The patient has the right to have pain assessed and managed as part of the treatment process.

Incompetent

If a patient is adjudged incompetent under applicable State Health & 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.

PATIENT RESPONSIBILITIES

A patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health. He/she has the responsibility to report unexpected changes in his/her condition to the responsible practitioner. A patient is responsible for making it known whether he/she clearly comprehends a contemplated course of action and what is expected.

Compliance with Instructions

A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders, and as they enforce the applicable ASC rules and regulations. The patient is responsible for keeping appointments and when they are unable to do so for any reason, for notifying the responsible practitioner or the ASC.

Refusal of Treatment

The patient is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.

Center Charges

The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible. The ASC will assist with the processing of claims; however, the ultimate responsibility falls to the patient and/or legal family members.

Center Rules and Regulations

The patient is responsible for following ASC rules and regulations affecting patient care and conduct.

Respect and Consideration

The patient is responsible for being considerate of the rights of other patients, visitors, and ASC personnel for assisting in the control of noise, abusive language or behavior, no smoking, and the number of visitors. The patient is responsible for being respectful of the property of other persons and the ASC. The patient may be held responsible for any damage to the ASC properties or equipment.

Information

The patient is responsible to make sure he/she understands all information regarding the implications of his symptoms, his surgery or procedure (if applicable) and any risks related to having or declining such surgery or procedure, the expected outcomes of the plan of care outlines by his/her physician, and his/her responsibilities with regard to that plan of care. Indicate whether you clearly understand a contemplated course of action and what is expected of you.

Advance Directives

Inform his/her provider about any living will, medical power of attorney or other directive (Advanced Directives) that could affect his or her care.

Responsible Party

The patient is responsible for providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.

ATTACHMENTS

Acknowledgement form
Attachment A

FOR MORE INFORMATION CONTACT

Administrative Director
Business Office Manager

APPROVAL BODIES

Spivey Station Surgery Center Administrator: Vangie Dennis RN, BSN, CNOR, CMLSO
Medical Director Spivey Station Surgery Center: Stephen Cohen MD
Senior Vice President of Strategic Development and Planning: Jim Crissey
Board Approval



Acknowledgement Form

If you have any questions or concerns regarding your rights or responsibilities, or have any complaints or grievances on how these rights were or were not administered, please contact the Administrative Director who will address your issue. The Administrative Director can be reached at:

Spivey Station Surgery Center
7813 Spivey Station Blvd.
Suite 100
Jonesboro, GA 30236
770-268-6000

You may also register complaints through the following:

State of Georgia
Healthcare Facility Regulation Division
2 Peachtree St., NW
31st Floor - Complaint Section
Atlanta, GA 30303

Medicare Ombudsman
www.cms.hhs.gov/center/ombudsman.asp
1-800-MEDICARE

Joint Commission
800-994-6610
M-F 8:30am-5:00pm

***I have read and understand Spivey Station Surgery Center's Patient Rights and Responsibilities Policy and Notice of Privacy Practices**

Patient Signature

Date

Attachment A

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

We are required by law to protect the privacy of your medical information that may reveal your identity, and to provide you with a copy of this notice, which describes the health information privacy practices of Spivey Station Surgery Center medical staff, and the employees, trainees, students and volunteers of Spivey Station Surgery Center (SSSC).

If you have any questions about this notice, please contact Privacy Officer Luther Allison (770) 991-8341.

OUR COMMITMENT TO YOUR PRIVACY

We are committed to protecting the privacy of your medical information. In conducting our business, we will create records about you and the treatment and services we provide to you. These records are our property. However, we are required by law to:

- Maintain the confidentiality of your medical information
- Provide you with this notice of our legal duties and privacy practices concerning your medical information
- Follow the terms of our notice of privacy practices in effect at the time

This notice provides you with the following important information:

- How we may use and disclose your medical information
- Your privacy rights in regard to your medical information
- Our obligations concerning the use and disclosure of your medical information

WHO WILL FOLLOW THIS NOTICE

In handling your medical information, Spivey Station Surgery Center treat themselves as a clinically integrated care setting. Spivey Station Surgery Center may share your medical information as needed to treat you, to seek payment for services, and to conduct day-to-day operations.

The privacy practices described in this notice will be followed by:

- Any health care professional who treats you at Spivey Station Surgery Center;
- All employees, trainees, students and volunteers of Spivey Station Surgery Center;
- All Spivey Station Surgery Center medical staff members; and
- Any business associates of Spivey Station Surgery Center.

When you receive services at Spivey Station Surgery Center, you may receive certain professional services from physicians on Spivey Station Surgery Center's medical staff who are independent practitioners and not employees or agents of Spivey Station Surgery Center. These independent practitioners have agreed to abide by the terms of this notice when providing services at Spivey Station Surgery Center. Therefore, this notice applies to all of your medical information that is created or received as a result of being a patient at Spivey Station Surgery Center. However, this notice does not apply to members of Spivey Station Surgery Center's medical staff for their medical practice in their private offices if they are not employees of SSSC. As a result, you will also receive a notice of privacy practices from these independent practitioners with respect to their private offices.

CHANGES TO THIS NOTICE

The terms of this notice apply to all records containing your medical information that are created or retained by us. We may change our privacy practices at any time. If we do, we will revise this notice so you will have an accurate summary of our practices. The new notice will be effective for all of the information that we maintain

at that time, as well as any medical information that we may receive, create or maintain in the future. We will post a copy of our current notice in our offices in a prominent location. You may request a copy of the current notice during any visit to our offices or you may obtain a copy from Spivey Station Surgery Center. We are required to abide by the terms of the notice that is currently in effect.

A. HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe the different ways in which we may use and disclose your medical information. Please note that each particular use or disclosure is not listed below. However, the different ways we are permitted to use and disclose your medical information do fall within one of the categories. Special privacy protections may further restrict how we use or disclose confidential HIV-related information, genetic information, alcohol and substance abuse treatment information or mental health information. Some parts of this general notice may not apply to these types of information.

- **Treatment.** We may use and disclose your medical information to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose your medical information when you need a prescription, lab work, x-rays or health care services. In addition, we may use and disclose medical information when we refer you to another health care provider.
- **Payment.** We may use and disclose your medical information in order to bill and collect payment for the services and items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. This may include reviewing services provided for medical necessity and/or undertaking utilization review activities. We also may use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your medical information to bill you directly for services and items.
- **Health Care Operations.** We may use and disclose your medical information to operate our business. These uses and disclosures include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use your medical information to evaluate the competence and performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. We may also use your medical information to conduct cost-management and business planning activities. In addition, we may share your health information with other health care providers and payors for certain of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information.
- **Sign in Sheets** - We may use a sign-in sheet at the registration desk where you will be asked to sign your name. Your name will be called in the waiting room when it is time for your provider to see you.
- **Incidental Disclosures** - While we will take reasonable steps to safeguard the privacy of your medical information, certain disclosures of your medical information may occur during or as unavoidable result of our otherwise permissible uses and disclosures of your health information. For example, during the course of your visit, other patients or staff may see, or overhear discussion of, your medical information.
- **Business Associate** - We may disclose your medical information to contractors, agents and other business associates who need the information in order to assist us in obtaining payment or carrying out our business operations. For example, we may share your medical information with a billing company that helps us to

obtain payment from your insurance company. Another example is that we may share your medical information with an accounting firm, law firm or risk management organization that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your medical information to a business associate, we will have a written contract to ensure that the business associate also protects the privacy of your medical information.

- Appointment and Account Balance Reminders. We may use and disclose your medical information to remind you that you have an appointment or a balance on your account. This may occur by phone, letter or automated telephone system.
- Treatment Alternatives/Health-Related Benefits and Services. We may use and disclose your medical information to inform you of treatment alternatives and/or health-related benefits and services that may be of interest to you.
- Release of Information to Family/Friends. If you do not object, we may release your medical information to a friend or family member who is involved in your care or who assists in taking care of you. For example, a parent or guardian may ask that a family member go to the pharmacy and pick up a prescription. In this example, the family member may have access to another family member's medical information.

Required by Law. We will use or disclose medical information about you when required by federal, state or local law.

Public Health Activities and Food and Drug Administration. We may disclose your medical information for public health and adverse event or product monitoring activities, including generally to: prevent or control disease, injury or disability; maintain vital records, such as births and deaths; report child abuse or neglect; notify a person regarding potential exposure to a communicable disease; notify a person regarding a potential risk for spreading or contracting a disease or condition; report reactions to drugs or problems with products or devices; notify individuals if a product or device they are using has been recalled; and notify your employer under limited circumstances, related primarily to workplace injury or illness or medical surveillance.

Abuse, Neglect or Domestic Violence. We may disclose your medical information to a government authority if we believe you are a victim of abuse, neglect or domestic violence. If we make such a disclosure, we will inform you of it, unless we think that informing you places you at risk of serious harm or, if we were to inform your personal representative, it is otherwise not in your best interest. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. We may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

Lawsuits and Administrative Proceedings. Excluding certain conditions, we may disclose your medical information in response to a court order or subpoena if you are involved in a lawsuit or administrative proceeding.

Law Enforcement. We may disclose your health information to law enforcement officials, so long as applicable legal requirements are met, for law enforcement purposes. These purposes include: to comply with court

orders or laws; to assist law enforcement officers with identifying or locating a suspect, fugitive, witness or missing person; if you have been the victim of a crime and (1) we have been unable to obtain your agreement because of an emergency or your incapacity, (2) law enforcement officials represent that they need this information immediately to carry out their law enforcement duties, and (3) in our professional judgment disclosure to these officers is in your best interests; if we suspect that your death resulted from criminal conduct; if necessary to report a crime that occurred on our property; or if necessary to report a crime discovered during an offsite medical emergency.

Coroners, Medical Examiners, and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

Serious Threats to Health or Safety. We may use and disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to someone able to help prevent the threat, for example, to law enforcement officers if you participated in a violent crime that might have caused serious physical harm to another person.

Specialized Government Functions. We may disclose your medical information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, we may disclose your medical information to federal officials for intelligence and national security activities authorized by law. We also may disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates and Correctional Institutions. If you are an inmate or under the custody of law enforcement officials, we may disclose your medical information to the correctional institution or law enforcement officials if necessary: (i) to provide you with health care, (ii) for the safety and security of the institution, and/or (iii) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation. We may release your medical information for workers' compensation and similar programs.

Completely De-Identified or Partially De-Identified Information. We may use and disclose your medical information if we have removed any information that has the potential to identify you so that the medical information is "completely de-identified." We also may use and disclose "partially de-identified" medical information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified medical information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address or license number).

B. Other limitations

In accordance with state law, we will further limit the disclosures to third parties of protected confidential HIV-related information and information concerning genetic testing, mental health services and certain alcohol and substance abuse treatment.

C. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information we maintain about you:

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your medical information to individuals involved in your care or the payment for your care, such as family members and friends.

We are not required to agree to your request, except in the case of a request that we not release to a payor medical information that pertains solely to a health care item or service for which you have paid us out of pocket in full. In other circumstances, if we agree to your request, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat to you. In order to request a restriction in our use or disclosure of your medical information, you must make a request in writing to Spivey Station Surgery Center. Your request must describe in a clear and concise fashion: (i) the information you wish restricted; (ii) whether you are requesting to limit our use, disclosure or both; and (iii) to whom you want the limits to apply.

Confidential Communications. You have the right to request that we communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you by mail, rather than by telephone, or at home, rather than work. You do not need to give a reason for your request. In order to request a type of confidential communication, you must make a written request to the Privacy Officer, Spivey Station Surgery Center. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location. We will accommodate reasonable requests.

Inspection and Copies. You have the right to inspect and obtain a paper or electronic copy of the health information we retain that may be used to make decisions about you, including medical and billing records, but not including psychotherapy notes. You must submit your request in writing to the Spivey Station Surgery Center in order to inspect and/or obtain a copy of your medical information. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. The fee must generally be paid before or at the time we give you the copies. We may deny your request to inspect and/or receive a copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted not by the person that denied your initial request, but by another licensed health care professional chosen by us.

Amendment. You may ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for us. To request an amendment, you must make a written request to the Privacy Officer, Spivey Station Surgery Center. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (specifying the reason) in writing. Also, we may deny your request if you ask us to amend information that is: accurate and complete; not part of the medical information kept by or for us; not part of the medical information which you would be permitted to inspect and copy; or not created by us, unless the individual or entity that created the information is not available to amend the information. A written statement of your challenge to the accuracy of the information in the record will become a permanent part of your medical record and will be released with the record.

Accounting of Disclosures. You have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain disclosures we have made of your medical information. In order to obtain an accounting of disclosures, you must make a written request to the Privacy Officer, Spivey Station Surgery Center. All requests for an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but we may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs. We are not required to include disclosures: for treatment, payment or health care operations; requested by you, that you authorized, or which are made to individuals involved in your care; or allowed by law.

Right to a Paper Copy of This Notice. You have a right to receive a paper copy of our notice of privacy practices at any time. To obtain a paper copy of this notice, you may contact the Privacy Officer, Luther Allison, or request a copy from Spivey Station Surgery Center.

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the Office of Civil Rights of the U.S. Department of Health and Human Services. To file a complaint with us, contact the Privacy Officer, Luther Allison (770) 991-8341. We will not retaliate or take action against you for filing a complaint.

Right to Provide an Authorization for Other Uses and Disclosures. We will obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your authorization. We are required to retain records of the care that we provided to you.