

# Georgetown Surgery Center

This Facility adopts and affirms as policy the following rights of the patients/clients who receive services from our facility. The facility will provide the patient or the patient's representative verbal and written notice of such rights in advance of the date of the procedure in accordance with 42 CFR § 416.50 and will be posted in the facility's lobby.

## Patient Rights

Each person receiving service in an ambulatory care facility shall have the following rights:

- You may expect to be treated courteously, and you may ask questions and receive answers about your care.
- You should know what treatment and procedures your doctor is recommending. If you do not understand them, you should ask questions. You may refuse care or treatment to the extent permitted by law. However, if you refuse care or treatment or do not follow instructions, you are responsible for the result.
- You should be fully informed about a procedure or treatment and the expected outcomes before it is performed. (CMS)
- You may ask the names of the people caring for you and their role in your treatment.
- You may ask other doctors, including specialists, for their opinion on your care if you pay the cost involved. In most circumstances, you may look at or, for a fee, obtain copies of your medical record.
- You may expect privacy and safe surroundings while you are in the Medical Center.
- You may expect that communications and records about your care will be treated confidentially.
- You may talk privately with anyone you wish, but you do not have to talk to anyone who is not directly involved in your care.
- You may take part in religious or social activities unless your doctor thinks it would interfere with your care.
- You should not be unreasonably treated, either mentally or physically.
- You may raise questions if you are dissatisfied with any aspect of your care. If you do not understand English, you may ask for an interpreter. The facility will do its best to respond to your request.
- You should be informed when students or persons from outside the Medical Center are involved in your care, and you do not have to take part in any research or experimental project.
- You may expect that someone will explain why you are moving and any other choices available to you if you must be transferred to another health care facility.
- You should be informed what to do to continue your care to help you recover after you leave the surgery center. If you do not understand what you are to do, ask your doctor.
- You may look at or receive a copy of your bill no matter who pays for your care, unless otherwise provided by law. You may ask about financial help available through the surgery center. You should be informed when you are no longer eligible for insurance or when payments of your bill by others will end.
- You should not be discriminated against in your care based on your race, religion, color, national origin, sex, age, handicap, marital status, sexual orientation, or source of payment.
- You have the right to exercise your rights without being subject to discrimination or reprisal. (CMS)
- You may wear appropriate personal clothing and religious items, as long as they do not interfere with your care or your personal safety.
- You have the right to voice grievances regarding treatment that is (or fails to be) furnished. (CMS)

# **Georgetown Surgery Center**

## **Patient Responsibilities**

Each person receiving service in an ambulatory care facility shall have the following responsibilities:

- You have the responsibility to provide to the best of your knowledge, accurate and complete health information.
- You are responsible to participate in your plan of care & provide an Advanced Directive if you have one.
- You are responsible for following the treatment plan recommended.
- You are responsible for making known whether you clearly understand the medical treatment plan.
- You must have a responsible adult to provide you transportation and assist with your care for the first 24 hours post op.
- Assuring that the financial obligations of your health care are fulfilled as expediently as possible.
- Your conduct will be respectful and non-disruptive of all health care providers and staff, as well as other patients and families.

## **Grievance Mechanism**

The surgery center administrative staff is available to help with any concerns or suggestions you may have regarding your stay. Complaints will be investigated, and a response provided in thirty (30) days, as stated in the facility grievance mechanism. Please contact:

Administrator  
Patrick Rehm  
737-340-4110

If a grievance or complaint is not solved to the patient's or family's satisfaction, the grievance may be filed in writing with the Department of Health. Contact:

**Facility Complaints:**  
**Texas Department of State Health  
Services  
1100 W 49th St.  
Austin, TX 78756  
512-776-7111**

**Licensed Health Professional  
Complaints:**  
**Texas Health and Human Services  
Complaint and Incident Intake  
Mail Code E249  
P.O. Box 149030  
Austin, TX 78714-9030  
800-458-9858, Option 5**

## **Georgetown Surgery Center**

Any concerns regarding patient care may also be reported to the accrediting body. Contact:

**The Joint Commission**  
**One Renaissance Blvd.**  
**Oakbrook Terrace, IL 60181**  
**630-792-5800**

You may also contact the Centers for Medicare and Medicaid (CMS). Contact: CMS Ombudsman

<https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

or 1800-633-2273

### **Non-Discrimination**

Georgetown Surgery Center complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. Georgetown Surgery Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Georgetown Surgery Center:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  - Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages
- If you need these services, contact the Center's Administrator.

If you believe that the Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: the Administrator and Civil Rights Coordinator at the Georgetown Surgery Center, Patrick Rehm at [patrick.rehm@georgetownasc.com](mailto:patrick.rehm@georgetownasc.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Administrator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F,  
HHH Building, Washington, D.C. 20201  
1-800-368-1019, 800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## **Georgetown Surgery Center**

The partners listed below make up the partnership of Georgetown Surgery Center. An interest in this facility enables them to have a voice in the Administration and Medical Policy of this health care institution. This involvement helps to ensure the finest quality surgical care for their patients.

The partners listed below take immense pride in providing excellent patient care:

- Ascension
- Regent Surgical Health
- Dr. Bob Just
- Dr. Jeff Knabe
- Dr. Kevin Caperton
- Dr. Robert Hansen
- Dr. Praveen Sampath
- Dr. David Orsini
- Dr. Viet Tran
- Dr. Ryan Bergeson
- Dr. Joe Jeanette
- Dr. Joseph William
- Dr. Kevin Taheri
- Dr. Crystal Bowden-McKay

# **Georgetown Surgery Center**

## **Advanced Directives**

**As a free-standing surgery center, we are required to inform our patients of our Advance Directive policies. We are happy to speak with you over the phone to clarify our policy or answer any questions you may have. Our front office telephone number is: 737-340-4100.**

### **Definition:**

**An advance directive is a set of instructions that explain the specific health care measures a person wants if he or she should have a terminal illness or injury and become incapable of indicating whether to continue curative and life-sustaining treatment, or to remove life support systems. The person must develop the advance directive while he or she is able to clearly and definitively express him or herself verbally, in writing, or in sign language. It must express the person's own free will regarding their health care, not the will of anyone else. It does not affect routine care for cleanliness and comfort, which must be given whether or not there is an advance directive.**

### **Our Policy:**

- The existence of an advance directive, or lack thereof, will not determine the patient's access to care, treatment and services.**
- Official Texas state advance directive forms will be available to patients, if requested, in advance of the date of the procedure at Georgetown Surgery Center.**
- Patients or patient representatives will be informed prior to the day of surgery of the facilities' policy on advance directives and the applicable State health and safety laws. Thus, allowing those involved to make an informed decision about whether to proceed at the surgery center or to seek care at another facility. Patients will always be encouraged to make informed decisions regarding their care.**
- If the patient referral to the surgery center is made on the same day of surgery, the patient will be informed of our policies the day of the procedure.**
- Documentation will be provided in the patient's medical record and prominently displayed in that record. At a minimum, it will include:**
  - o That the patient has been informed of the policy and received facility information related to advance directives.**
  - o Whether or not the patient has accepted the facility policy.**
- Georgetown Surgery Center recognizes the importance of an Advance Directive. In the event of a medical emergency, appropriate care will be provided including attempts to stabilize and/or resuscitate the patient. Transfer arrangements will be made to a local hospital and Georgetown Surgery Center will forward the Advance Directive in the patient's medical record.**

## Georgetown Surgery Center

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

This is to confirm that I have received the following forms prior to my procedure at Georgetown Surgery Center. I also understand that I may contact Georgetown Surgery Center for any questions regarding any of these forms.

**Patient Rights and Responsibilities**

**Physician Financial Ownership**

**Policy for Advanced Directives**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date