

ACADEMY ORTHOPEDICS AMBULATORY SURGERY CENTER

318 TRIBBLE GAP ROAD CUMMING, GA. 30040

(770)886-5038

PATIENT RIGHTS

- Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care.
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- Receive the care necessary to regain or maintain his or her maximum state of health.
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform services for which they are responsible with the highest quality of services.
- Be fully informed of the scope of services available at the facility, provisions for after-hours care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions including refusal of treatment or not following instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care or treatment and can refuse participation in such experimentation or research without

compromise to the patient's usual care. (Academy Orthopedics does not perform experimental treatment or research)

- Express grievances / complaints and suggestions at any time.
- Access to and /or copies of his/her medical records
- Be informed as to the facility's policy regarding advance directives.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Expect the facility to agree to comply with Federal Civil Rights laws that assure it will provide interpretation for those individuals who are not proficient in English.
- Have a regular assessment /management of pain.
- Education of patients and families, when appropriate, regarding their roles in managing pain.
- To change providers if other qualified providers are available.

If a patient is adjudged incompetent under applicable state health and safety laws by the 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.

If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state laws may exercise the patient's rights to the extent allowed by state law.

PATIENT RESPONSIBILITIES

- Be considerate of other patients and personnel and for assisting in the control of noise, eating and other distractions.
- Show respect for the property of others and the facility
- Report whether he or she clearly understands the planned course of treatment and what is expected of him / her.
- Keep appointments and, when unable to do so for any reason, notifying the Facility
- Providing care givers with the most accurate and complete information regarding present complaints, past

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illnesses and hospitalizations, medications, unexpected changes in patient's condition, or any other patient health matters.

- Observe prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeit of care at the facility
- Promptly fulfilling his or her financial responsibilities to the facility.
- Identifying any patient safety concerns.

ADVANCE DIRECTIVE NOTIFICATION

In the State of Georgia, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers 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. Academy Orthopedics respects and upholds those rights.

However, unlike in an acute care setting, such as a hospital, Academy Orthopedics ASC does not routinely perform "high risk" procedures. While no surgery is without risk, most procedures performed at Academy Orthopedics ASC are considered to be of minimal risk. You can discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of any Advanced Directive or instructions from a healthcare representative 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 facility for further care and evaluation. If you prepared an Advanced Directive prior to surgery, you may present it to the ASC and it will be placed on your surgical chart. At the time of transfer, the Advanced Directive will be sent with the rest of your chart to the Hospital. Once at the acute care facility, further treatments or withdrawal of treatment measures already begun will be will be in accordance with your wishes, Advanced Directive, or Health Care 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 Advanced Directive, copies of the official State forms are available at our facility. You may call 770-886-5038 to request.

DISCLOSURE OF OWNERSHIP

Academy Orthopedics Ambulatory Surgery Center is proud to have our quality Physicians invested in our facility. Their investment enables them to have a voice in the administration of policies at our facility. This involvement helps ensure the highest quality of surgical care for our patients. Your Physician: **does** have a financial interest in this facility.

PATIENT COMPLAINT OR GRIEVANCE

TO REPORT A COMPLAINT OR GRIEVANCE YOU CAN CONTACT THE FACILITY ADMINISTRATOR AT: (770)886-5038

OR BY MAIL :

ACADEMY ORTHOPEDICS ASC

318 Tribble Gap Road

Cumming, Georgia 30040

Academy Orthopedics investigates and reports on all complaints and grievances received.

Complaints and Grievances may also be filed through the :

Georgia Department of Human Resources

Office of Regulatory Services / Health Care Section

Two Peachtree Street, NW

Atlanta, Georgia 30303 (404) 657-5550

OR

State of Georgia, CMS Regional Office

61 Forsyth Street, Suite 4T20

Atlanta, Ga. 30303-8909

(404) 562-7586

Medicare beneficiaries may receive information regarding their options under Medicare and their rights and protections by visiting the website for the Office of the Medicare Beneficiary Ombudsman at:
www.cms.hhs.gov/center/ombudsman.asp.

By signing this document, I acknowledge that I have read and understand its contents:

Patient/Patient representative signature

Date

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