

Alpha Surgical Center - Patient Rights and Responsibilities

Alpha observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values, or belief systems.

You have the right to:

- I.** Considerate, respectful, and dignified care and respect for personal values, beliefs, and preferences.
- II.** Access to treatment without regard to race, ethnicity, national origin, color creed/religion, sex, age, mental disability, or physical disability. Any treatment of determinations based on a person's physical status or diagnosis will be made based on medical evidence and treatment capability.
- III.** Respect of personal privacy with the state agency
- IV.** Receive care in a safe and secure environment.
- V.** Exercise your rights or your personal representative's rights without being subjected to discrimination or reprisal.
- VI.** Know the identity of persons providing care, treatment, or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- VII.** Expect the center to disclose, when applicable, physician financial interests or ownership in the center.
- VIII.** Receive assistance when requesting a change in primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- IX.** Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- X.** Receive information about unanticipated outcomes of care.
- XI.** Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- XII.** Participate in decisions about the care, treatment or services planned and to refuse care, treatment, or services, in accordance with law and regulation.
- XIII.** Be informed, or when appropriate, your representative informed (as allowed health matters. under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- XIV.** Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- XV.** Have family be involved in care, treatment, or services decisions to the extent permitted by your or your surrogate decision maker, in accordance with laws and regulations.
- XVI.** Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- XVII.** Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films, or other images at any time.
- XVIII.** Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- XIX.** Confidentiality of all information pertaining to care and stay in the center, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- XX.** Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- XXI.** Obtain information on disclosures of health information within a reasonable time frame.
- XXII.** Have an advance directive, such as a living will or durable power of attorney for healthcare and be informed as to the center's policy regarding advance directives/living will. Expect the center to provide the state's official advance directive form if requested and where applicable.
- XXIII.** Obtain information concerning fees for services rendered and the center's payment policies.
- XXIV.** Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
- XXV.** Be free from all forms of abuse or harassment.
- XXVI.** Expect the center to establish a process for prompt resolution of patient's grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be with the state agency directly using the contact information provided below.

You are responsible for:

- I. Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- II. Respecting the property of others and the center.
- III. Identifying any patient safety concerns.
- IV. Observing prescribed rules of the center during your stay and treatment.
- V. Providing a responsible adult to transport you home from the center and remain with you for 24 hours if required by your provider.
- VI. Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment or service or what you are expected to do.
- VII. Keeping appointments and, when unable to do so for any reason, notifying the center and the physician.
- VIII. Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in your condition or any other patient health matters.
- IX. Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- X. Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

A NOTE REGARDING ADVANCE DIRECTIVES:

- An Advance Directive is a set of instructions you give about the health care you want in the event you lose the ability to make decisions for yourself. An Advance Directive includes a Living Will, a Health Care Power of Attorney, and a DNR (Do Not Resuscitate), which allows you to refuse CPR in the event your heart and breathing stop.
- Standardized forms in the state of Texas for a Living Will, Texas Power of Attorney for Health Care, and for DNR Advance Directive is <https://www.hhs.texas.gov/advance-directives>
- If you would like to have a copy of one or all the forms, a nurse may provide you with them.
- If you have a Living Will or have an "agent" appointed to be your Health Care Power of Attorney, it is the policy of Alpha Surgical Center to incorporate these documents into your patient record. It is our policy that if an adverse event occurs during your treatment, the medical team will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. A copy of your Advance Directive and/or Health Care Power of Attorney will be sent with your medical records.

You may contact the following entities to express any concerns, complaints, or grievances you may have:

ALPHA SURGICAL CENTER
MELODY MOLLOY, ADMINISTRATOR
Ph: 346-336-7800

STATE AGENCY
Texas Department of State Health Services-
Patient Quality Care Unit
ATTN: Paula More
MC-1979
P.O. Box 149347
Austin, Texas 78714-9347
Email: hfc.complaints@dshs.state.tx.us
Fax: 512-834-6650
Ph: 888-973-0022 Ext: 2613

MEDICARE
OFFICE OF THE MEDICARE
BENEFICIARY OMBUDSMAN:
[www.medicare.gov/claims-and-appeals/medicarerights/
get-help/ombudsman.html](http://www.medicare.gov/claims-and-appeals/medicarerights/get-help/ombudsman.html)
1-800-Medicare (1-800-633-4227)

Accreditation Association for Ambulatory Health Care (AAAHC)
[https://www.aaahc.org/uploads/2021/03/Complaint-
Concern-Form- 3.5.21.pdf](https://www.aaahc.org/uploads/2021/03/Complaint-Concern-Form-3.5.21.pdf)
Ph. 847.853.6060
3 Parkway North, Suite 201
Deerfield, IL 60015
Email: complaints@aaahc.org

Patient Signature

Date

Witness Signature

Date