

Your Right To Know

Wolf River Surgery Center

The healthcare facility must inform the patient or the patient's representative or surrogate of the patient's rights and must protect and promote the exercise of these rights, as set forth in this document. If a patient is adjudged incompetent under applicable State 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. If a State court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

PATIENT'S RIGHTS

- To be treated with respect, consideration, and dignity.
- To be free from any act of abuse, discrimination, harassment or reprisal.
- To expect reasonable continuity of care.
- To personal privacy.
- To receive care in a safe setting.
- To expect that within the healthcare facility's capacity efforts will be made to honor a patient's request for services.
- To receive complete current information concerning diagnosis, treatment, and prognosis, in terms the patient can reasonably expect to understand from their physician. When it is not medically advisable to give that information to the patient, it should be made available to the appropriate person on their behalf.
- To the name of the physician responsible for coordinating their care.
- To receive all information necessary to give informed consent prior to the start of any procedure and/or treatment from their physician.
- To be given the opportunity to participate in decisions involving their healthcare, except when contraindicated for medical reasons.
- To refuse treatment to the extent permitted by law and to be informed of the medical consequences.
- To be informed of any relationship of the healthcare organization to other pertinent healthcare and education institutions.
- To know what rules and regulations apply to their conduct as a patient.
- To voice concerns or grievances regarding treatment or care furnished within this facility.
- To receive information concerning policies on advance directives, including a description of applicable State health and safety laws and, if requested, official State advance directive forms.
- To be advised if the healthcare facility proposes to engage in or perform human experimental care or treatment, and have the opportunity to accept or decline.
- To the credentials of health care professionals.
- To the disclosures and records that are kept confidential, and to be given the opportunity to approve or refuse their release except when release is authorized by law.
- To expect communication, records, discussion, consultation, examination and treatment to be treated confidentially.
- To examine and receive an explanation of their bill regardless method of payment.

I have received verbal and written communication of "Right to Know" prior to the day before my surgery.

Patient Name _____

_____ Date _____

Patient/ Surrogate Signature
Account # _____

PATIENT'S RESPONSIBILITIES

- To give your doctor and our staff complete and accurate information about your condition including any changes in your health status that could affect treatment.
- To promote your own safety by becoming an active, involved and informed member of your healthcare team.
- To follow your doctor's orders and instructions.
- To discuss with your doctors and nurses if you have pain and they will help you with your pain management options.
- To provide us with a current copy of your advance directive.
- To be considerate of the facility and surgery center staff caring for you.
- To respect other patient's needs for privacy and quiet environment.
- To follow the no smoking policy.
- To supply insurance information and pay your bill promptly

ADVANCE DIRECTIVES

- Pre-operatively all mentally competent patients 18 years or older (or an emancipated minor) will be asked before their procedure if he/she has an Advanced Directive.
- It is the patient's responsibility to provide a copy of his/her Advance Directive for the Surgery Center and the admitting physician.
- The Advanced Directive will be provided to the receiving hospital, if the patient is transferred to the hospital.
- Patients not having an Advanced Directive will be given the information upon their request. The information is available in the Patient Information Book, kept in the surgery center lobby.
- Should the patient be designated a Do Not Resuscitate (DNR), the patient will be directed to discuss with his/her Surgeon the appropriateness of implementation of a DNR in the Surgery Center setting.
- If the patient insists on implementing a DNR while at the Surgery Center, the procedure will be canceled and rescheduled in a hospital setting.
- The Surgery Center will make available the State of Tennessee approved forms for use, should an Advanced Directive be desired.

GREIVANCES

An opportunity for you, your family, or a legally appointed representative to express any concerns about your care, with the assurance that any expressed concerns will not interfere with present or future care. The Surgery Center Administrator will assist you with the review and when possible, the resolution of these concerns:

- Solus Management Services - 901-516-1716
- Wolf River Surgery Center - 901-252-3403
- Tennessee Health Department – 615-741-3111
- Medicare – www.medicare.gov / 1-800-633-4227
- www.cms.hhs.gov/ombudsman

Accreditation Association of Ambulatory Health Care Inc. – 847-853-6060

PHYSICIAN OWNERSHIP

The surgery center is a for-profit facility.

The following physicians have a partial ownership in this facility:

Dr. John R Adams, Dr. Ravi D. Chauhan, Dr. Lynn W. Conrad, Dr. Paul R. Eber, Dr. Robert Hollabaugh, Jr., Dr. H. Benjamin Maddux, Dr. H. Michael McSwain, Dr. Thomas B. Shelton, Dr. Adam F. Stewart