

Patient's Statement of Rights and Responsibilities

This Surgery Center has adopted the following list of Rights and Responsibilities for the Patients:

A PATIENT HAS THE *RIGHT* TO . . .

- Receive information about rights, patient conduct and responsibilities prior to surgery or procedure.
- Receive care in a safe setting that is free from all forms of abuse, neglect, or harassment. Be treated with respect, consideration, and dignity.
- Be provided appropriate personal privacy.
- Know what patient support services are available, including whether an interpreter is available if he/she does not speak English.
- Be provided, to the degree known, complete information concerning diagnosis, evaluation, treatment and who is providing services and who is responsible for the care. When the patient's medical condition makes it inadvisable or impossible, the information is provided to a person designated by the patient or to a legally authorized person.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed and given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Have disclosures and records treated confidentially and be given the opportunity to approve or refuse record release except when release is required by law.
- Exercise his or her rights without being subject to discrimination or reprisal with impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, or source of payment.
- Be informed on how to exercise the right to voice complaints and grievances regarding treatment or care provided or lack of without reprisal.
- Have a person appointed under State law to act on the patient's behalf if the patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.
- Refuse treatment to extent permitted by law and be informed of medical consequences of this action.
- Know if medical treatment is for purposes of experimental research and to give his/her consent or refusal to participate in such experimental research.
- Have the right to change his primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- A prompt and reasonable response to questions and requests.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- Know the facility policy on advanced directives.
- Formulate advanced directives and to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law and provide a copy to the facility for placement in his/her medical record.
- Be informed in writing the names of physicians who have financial interest and ownership in the facility.
- Have properly credentialed and qualified healthcare professionals providing patient care.

• Be fully informed of the scope of services available at the facility, provisions for after-hours emergency care and related fees for services rendered him or her.

A PATIENT IS RESPONSIBLE FOR . . .

- Providing a responsible adult to transport him/her home from the facility and remain with him/her 24 hours, unless specifically exempted from this responsibility by his/her provider.
- Providing to the best of his/her knowledge, accurate and complete information about his/her health, present complaints, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements, any allergies or sensitivities, and other matters relating to his/her health.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Following the treatment plan recommended by his/her healthcare provider.
- Be respectful of all the health providers and staff, as well as other patients.
- Providing a copy of information that you desire us to know about a durable power of attorney, health care surrogate, or other advanced directive.
- His/her actions if he/she refuses treatment or does not follow the health care provider's instructions.
- Report unexpected changes in his/her condition to the health care provider.
- Reporting to his/her healthcare provider whether he/she comprehends a contemplated course of action and what is expected of him/her.
- Keeping appointments.

PATIENT CONCERNS AND/OR GRIEVANCES:

Please contact us if you have questions or concerns about your rights or responsibilities. You can ask any of our staff to help you contact the following:

Susan Henry, Practice Manager
Gilpin Facial Plastics
2301 21st Ave S., Suite 300
Nashville, TN 37212
(615) 942-7301

Division of Health Care Facilities
Centralized Complaint Intake Unit
665 Mainstream Dr, 2nd Floor
Nashville TN 37243
(877) 287-0010

AAAHC
5250 Old Orchard Rd, Suite 200
Skokie, IL 60077
(847) 853-6060

Gilpin Facial Plastics is accredited by the Accreditation Association for Ambulatory Health Care, Inc.

FINANCIAL INTERESTS OR OWNERSHIP:

Your physician has an ownership interest in the surgery center where you are having your procedure. As with all your care, you may request to have your procedure performed at another facility where your surgeon has privileges to practice.

ADVANCE DIRECTIVES:

An "Advance Directive" is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself. Each state regulates the use of advance directives differently. There are two types of advance directives: a living will and a medical power of attorney. If you would like a copy of the official State advance directive forms, visit:

https://www.tn.gov/content/dam/tn/health/documents/Advance_Directive_for_Health_Care.pdf

ADVANCE DIRECTIVE POLICY:

The majority of procedures performed at the Surgery Center are considered to be of minimal risk. Of course, no surgery is without risk. You and your surgeon will have discussed the specifics of your procedure and the risks associated with your procedure, the expected recovery, and the care after your surgery. It is the policy of the Surgery Center, regardless of the contents of any advance directive or instructions from a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at the Surgery Center, the personnel at the Surgery Center will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney. I received information on patient rights, patient responsibilities, physician disclosure, advance directive policy, and grievance policy at least one day in advance of my surgery.