

Athens Spine Procedural Center

PATIENT RIGHTS

1. To become informed of his/her rights as a patient prior to the start of the procedure, or when discontinuing, the provision of care. Patient may use appointed representative.
2. Exercise his or her rights without being subject to reprisal or discrimination with regard to race, sex, cultural, educational, or religious background or the source of payment for care.
3. To have considerate and respectful care, provided in a safe environment, free from all forms of abuse or harassment.
4. Remain free from seclusion or restraints of any form that are not medically necessary.
5. To know the name of the physician responsible for coordinating his/her care with other physicians and healthcare providers they will see and have the right to change their provider if qualified providers are available.
6. Coordinate his/her care with physicians about illness, course of treatment and the prospects for recovery in terms that he/she can understand.
7. Receive information about any proposed treatment or procedure as needed to give informed consent or to refuse treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment and the risks involved.
8. Have a family member or representative of his/her choice be involved in his/her care.
9. Full consideration of personal patient privacy concerning consultation, examination, treatment and surgery.
10. Confidential treatment of all communications and records pertaining to patient care. Written permission will be obtained before medical records can be released to anyone not directly concerned with patient care.
11. Access information to his/her medical record with reasonable time frame (10 business days).
12. May leave the facility even against medical advice.
13. Have access to facility grievance process; to communicate any of his/her care problems; to voice grievances regarding treatment or care that is (or fails to be) furnished and receive written notice of the Ambulatory Surgery Center's decision.
14. Be informed by physician or designee to the continuing healthcare requirements after discharge, including appointment times, physician availability, and numbers to call for questions or emergency care.
15. Examine and receive an explanation of the bill regardless of source of payment.
16. Have all patient's rights apply to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
17. **All facility personnel performing patient care activities shall observe these above rights.**

PATIENT RESPONSIBILITIES

1. The patient has the responsibility to provide accurate and complete information concerning present complaints, past illnesses, hospitalizations or any other health related issues any medications, including OTC and dietary supplements and any allergies or sensitivities.
2. The patient is responsible for making it known whether the planned surgical procedure/treatment risks, benefits and alternative treatments have been explained and understood.
3. The patient is responsible for following the treatment plan established by the physician, which includes medications and instructions by nurses and other health care professionals, given by the physician.
4. The patient is responsible for keeping appointments or notifying the facility/physician in advance if unable to do so.
5. The patient accepts full responsibility for refusal of treatment and/or not following directions.
6. The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
7. The patient is responsible for being respectful of the rights of others in the facility.
8. The patient is responsible for following facility policies and procedures.
9. The patient is responsible for notifying the staff if they have any safety concerns.
10. The patient has the responsibility to provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours.
11. The patient is responsible for informing facility personnel about any living will, medical power of attorney, or other directive that could affect his/her care.

PATIENT COMPLAINTS

Issues Regarding the Medical Practice: Administrator – Allison Walters at (706) 425-2400 or Dawn Belk at (706) 850-5667

COMPLAINTS AGAINST ASC:

Healthcare Facility Regulation Division
Dept. of Community Health
Attn: Complaints Unit
2 Peachtree Street, N.W., Ste. 31-447
Atlanta, GA 30303
P:(404)657/5700; Fax:(404)-657-5731
<https://dch.georgia.gov/hfr-file-complaint>

COMPLAINTS AGAINST PHYSICIAN:

Georgia Composite Medical Board
Enforcement Unit
2 Peachtree Street, N.W., 36th Floor
Atlanta, GA 30303
P:(404)657-6494; P:(404)656-1725
<https://medicalboard.georgia.gov/how-file-consumers-complaint>

COMPLAINTS AGAINST NURSING STAFF

Professional Licensing Boards Division
Georgia Board of Nursing
237 Coliseum Drive
Macon, GA 31217-3858
P:(478)207-2440
<http://sos.ga.gov/index.php/licensing/plb/45>

AAAASF Accreditation 600 Central Ave, Ste 265, Highland Park, IL 60035 Tel:-888-545-5222 Email: investigations@quada.org

Issues Regarding Medicare: www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html or call 1-800-MEDICARE / (800) 633-4227



ATHENS SPINE PROCEDURAL CENTER

1550 Timothy Road Suite 103B Athens, GA 30606

PHYSICIAN OWNED FACILITY

I understand that Drs. Benjamin McCurdy and Daniel Thomas are owners of the facility. I understand that I may choose to have my surgery in a facility not owned by physicians. I have been given this option and choose to have my surgery at Athens Spine Procedural Center, LLC.

ADVANCED DIRECTIVES (AD)

If I have an AD I will provide a copy to Athens Spine Procedural Center, LLC prior to surgery. I consent to all resuscitative measures as deemed necessary by my physician in the event of a life threatening emergency as a matter of conscience. I will be treated and stabilized, and transported to the hospital of choice by ambulance. I consent to emergency transfer to the hospital in case of the need for emergency hospital care. A copy of the advance directive may be placed on the chart if I desire and forwarded to the hospital in the event of a transfer. Information regarding advance directives is made available upon my request or at the website below. The admitting facility is not affiliated or in partnership with Athens Spine Procedural Center, LLC.

Website for Advance Directives: http://aging.dhs.georgia.gov/sites/aging.dhs.georgia.gov/files/imported/DHR-DAS/DHR-DAS_Publications/ELAP-%20GEORGIA%20ADVANCE%20DIRECTIVE%20FOR%20HEALTH%20CARE-2012.pdf

RELEASE OF INFORMATION

I, hereby authorize Athens Spine Procedural Center, LLC to release any information acquired in the course of my examination, treatment, procedure to: Any physician, medical practitioner, hospital, clinic, or other medical or medically related facility, adjustor, attorney or insurance company. I understand that the information released to these facilities will be used in furthering my medical care or processing my claim with my insurance. The information released will not be given, sold, or transferred to any other person not mentioned above. I understand that I am entitled to a photocopy of this authorization upon request.

AUTHORIZATION TO PAY BENEFITS TO PHYSICIANS

It is the policy of Athens Spine Procedural Center, LLC to collect payment at the time of visit. If you have a policy with a company with which we have a contract, we will gladly file your claim for you. However, you are expected to pay any co-pay or deductible at the time of the service. If your carrier is out of network, you are expected to pay at the time of service, unless arrangements have been made with the Athens Spine Procedural Center, LLC. I understand that my insurance company may send payments for the rendered services to me. I hereby assign to the above named physicians all surgical, medical insurance, and/or other benefits, if any, otherwise payable to me for their services as described below. I agree to endorse the checks over to the doctor. I understand that if I use the insurance proceeds for my personal use, I have committed insurance fraud. I hereby authorize and direct payment directly to the above named physicians from the obligor of said benefits. Further, I hereby assign and convey to the above named physicians, unless charges for their services have been paid, so much of any cause of action or right of recovery and any payment proceeds relating thereto, that I may have against any third party and direct my attorney, if one has been retained as well as any person or insurance company obligated to pay damages or restitution to me, to deduct the amount of any outstanding bill for the above named physician's services from any settlement proceeds or other proceeds to be paid directly to me, prior to receiving said proceeds. I further understand that should any account with Athens Spine Procedural Center, LLC be turned over to a collection agency, I will be responsible for any additional interest on my outstanding balance or charges that may be incurred in the collection of my account.

GRIEVANCE PROCEDURE

All alleged grievances will be fully documented, investigated and reported to the Administrator of Athens Spine Procedural Center, LLC. Any substantiated allegation will be reported to the State or Local authority or both, if indicated. The patient will be provided a thorough written notice of its decision and the process that was used in reaching the decision within 20 days. It will also contain the name of the contact person at Athens Spine Center, LLC as well as the contact information for the State which is included on the Patient Bill Of Rights. Patient will be kept up-to-date on the grievance status.

NON-DISCRIMINATION POLICY

Athens Spine Procedural Center, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Athens Spine Procedural Center, LLC does not exclude people or treat them differently because of race, color, national origin, age disability, or sex.