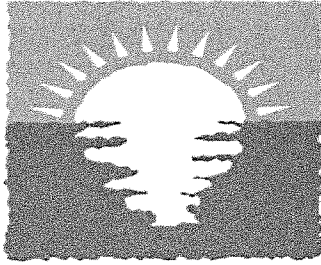


Patient Name: \_\_\_\_\_

Date Form Received: \_\_\_\_\_



*Ardmore* Regional Surgery Center

### *Welcome...*

The staff of Ardmore Regional Surgery Center is pleased that you and your physician have made the decision to utilize our surgery center. We want to make your upcoming procedure as comfortable and as pleasant as possible. We realize that even "outpatient" surgery, such as the procedure for which you are scheduled, can create anxiety. Please review all of the topics covered in this brochure and bring this signed covered sheet in with you on the day of your procedure.

**Physician Patient Disclosure** \_\_\_\_\_

**Patient Bills of Rights (Written)** \_\_\_\_\_

**Patient Complaints & Grievance Policy** \_\_\_\_\_

**Advance Directive Policy** \_\_\_\_\_

**Acknowledgement:** I the undersigned, verify that I have received the information contained in the Ardmore Regional Surgery Center Brochure.

Patient or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *Physician Patient Disclosure*

- **Ardmore Regional Surgery Center, LLC** is owned in part by physician investors. These physicians along with non-investors perform procedures at the surgery center. Your physician Dr \_\_\_\_\_ is/is not an investor at Ardmore Regional Surgery Center LLC. If you have any questions regarding this arrangement, please ask your physician or the facility administrator for further details.
- **The Physicians and Allied Health Professionals (AHPs)** practicing at Ardmore Regional Surgery Center are licensed by their appropriate Oklahoma State Board and are credentialed to practice in this facility. The physicians and AHPs provide medical services at Ardmore Regional Surgery Center, but they are not agents or employees of Ardmore Regional Surgery Center.

## *Patient's Bill Of Rights*

Ardmore Regional Surgery Center strives to treat all patients in a helpful and pleasant manner. The Patient's Bill of Rights was compiled for the purpose of enhancing patient care and the patient/provider relationship. The following is a listing of things we believe patients should expect and receive:

- **The right** to be treated politely, respectfully, and with dignity.
- **The right** to treatment which is free of discrimination on the basis of race, religion, ethnicity, handicap, or age.
- **The right** to obtain information about diagnosis, treatment, and prognosis.
- **The right** to receive all information necessary to give informed consent prior to the start of any procedure and/or treatment.
- **The right** to refuse procedures and medications and/or seek medical care elsewhere.
- **The right** to expect confidentiality in communications and records.
- **The right** to information concerning names, professions, and titles of the professionals providing and/or responsible for the care of the patient.
- **The right** to expect reasonable continuity of care.
- **The right** to obtain information as to any relationship this health care facility has with other professional individuals or medical facilities insofar as care is concerned.
- **The right** to obtain information about the bill regardless of the source of payment.
- **The right** to not participate in experimental research.
- **The right** to exercise his or her rights without being subject to discrimination or reprisal.
- **The right** to be fully informed about a treatment or procedure.
- **If a patient** is adjudged incompetent under applicable State health and safety laws by 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 law may exercise the patient's rights to the extent allowed by State law.
- **The right** to personal privacy, to receive care in a safe setting and be free from all forms of abuse or harassment.
- **A right** to safe and efficient care and the right to initiate a complaint or grievance about the care that is (or fails to be) furnished.

## *Expectations*

**Just as you have certain rights and expectations, so does our staff:**

- **Our staff** has the right to be treated politely and courteously.
- **Our staff** expects you to keep your scheduled appointment or, if necessary, to cancel it at least 24 hours in advance.
- **Our staff** expects you to provide them with an accurate medical history and to give them information regarding treatments and/or medications being rendered by other providers.
- **Our staff** has the right to be treated as the professionals they are.

## *Verbal Patient's Bill Of Rights*

- **The Ambulatory Surgery Center Conditions for Coverage** requires that each patient or the patient's representative receives the Patient's Bill of Rights verbally.

## *Patient Complaints & Grievance Policy*

- **Ardmore Regional Surgery Center** values you as a patient. We are dedicated to ensuring your relationship with us is a positive one. If we can enhance that relationship in any way, please let us know.
- **Every patient has the right** to express complaints, about the care and services provided, to any staff member.
- **If the patient is not satisfied with the resolution**, the complaint is taken to the Administrator.

**Patients or the patient's representative** may file a written or verbal complaint /grievance with the Administrator at:

**Ardmore Regional Surgery Center  
2002 12th Ave N.W. Suite C  
Ardmore, OK 73401  
Sally Godfrey CASC  
Administrator**

- **The Administrator** will be responsible for providing the patient with a written response within fourteen (14) days from the date of receipt of the complaint or grievance.
- **The patient has the right**, if he or she is not satisfied with the facility's response, to complain to the following agencies:

**Oklahoma State Department of Health  
1000 N.E. 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299  
(800)522-0203**

**Medicare Beneficiary Ombudsman  
(800) 633-42273**

[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

## *Advance Directive Policy*

- All patients have the right to participate in their own health care decisions and to make Advance Directive or to execute Powers of Attorney that authorizes 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. Ardmore Regional Surgery Center respects and upholds these rights.
- However, unlike an acute care hospital setting, the Surgery Center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk, though no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to the risks involved, your expected recovery, and care after your surgery.
- **Therefore, it is our policy**, regardless of the contents of any advance directive or instructions for a health care surrogate 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 hospital for further evaluation. At the acute 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.
- **Your agreement with the policy** does not revoke or invalidate any current health care directive or health care power of attorney.
- **If you do not agree to this policy**, we are pleased to assist you in rescheduling your procedure.