

Pearland Surgery Center

PATIENT RIGHTS

Patient rights will be exercised without regard to sex, culture, economic, educational or religious background or the source or payment for his or her care.

1. Considerate and respectful care.
2. Appropriate privacy.
3. Patient disclosures and records are treated confidentially, and, except when required by law, patients are given the opportunity to approve or refuse their release.
4. Patients are provided to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
5. Patients are given the opportunity to participate in decisions involving their healthcare, except when such participation is contraindicated for medical reasons.
6. Information is available to patients and staff regarding:
 - a. Patient rights
 - b. Patient conduct and responsibilities
 - c. Services available at the Surgery Center
 - d. Provisions for after-hour and emergency care
 - e. Fees for services
 - f. Payment policies
 - g. Patient's rights to refuse to participate in experimental research
 - h. Advance directives, as required by state or federal law regulations
 - i. Credentials of health care professionals
7. Prior to receiving care, patients are informed of Patient Responsibilities (see Patient Responsibilities).
8. Patients are informed of their right to change their provider if other qualified providers are available.
9. Representation of accreditation to the public must accurately reflect the accredited entity.
10. Marketing or advertising regarding the competence and capabilities of the organization is not misleading.
11. Patients are provided with appropriate information regarding the absence of malpractice insurance coverage.
12. Patients are informed about procedures for expressing suggestions, complaints and grievances, including those required by state and federal law regulations.
Patient has the right to be free from all forms of abuse or harassment.
13. Patient has the right to be free from all forms of abuse or harassment.
14. Patient has the right to privacy and security of individually identifiable health information.
15. Patient has the right to be fully informed about the treatment or procedure and expected outcome before it is performed.
16. If a patient is adjudged incompetent under applicable state health and safety laws by a court, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
17. If a stated court has not adjudged a patient as incompetent, any legal representative designated by the patient may exercise the patient's rights to the extent allowed by law.
18. The facility must inform the patient or patient's representative of the patient's right and must protect and promote the exercise of such rights.
19. The facility must provide the patient or patient's representative with verbal and written notice of patient's rights in advance of the date of the procedure, in a language and manner that is understandable.
20. Patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.
21. Patient has the right to know that this surgery center is incorporation of a collective group (which may include his or her surgeon) formed for the benefit of the community. The Center also wishes to inform the patient that his or her surgeon may have a financial interest in this Center. Others may also have an investment interest in the Center. As a matter of choice, patients have the right to choose to have their recommended surgery at other locations.

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PATIENT RESPONSIBILITIES

Patient's responsibilities are to:

1. Provide accurate and complete information about their products and dietary supplements, and any allergies or sensitivities.
2. Follow the treatment plan recommended by their provider and participate in their care.
3. Provide a responsible adult to transport them home from facility and remain with them for 24 hours, if required by their provider.
4. Inform their provider about any living will, Medical power of attorney or other directive that could affect their care.
5. Accept personal financial responsibility for any charges not covered by insurance.
6. Be respectful of all health care providers and staff, as well as other patients.
7. Patients are responsible for their actions if they refuse treatment or do not follow the provider's instructions.
8. Arrive as scheduled for appointments and to cancel, in advance, appointments they cannot keep.
9. To become informed of the scope of basic services offered, the costs, and the necessity for medical insurance and to actively seek clarification of any aspect of participation in the Surgery Center's services and programs that is not understood.

ADVANCE DIRECTIVE NOTIFICATION

In the State of Texas all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize 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 make decisions or unable to communicate decisions. The Pearland Surgery Center respects and upholds those rights.

However, unlike in an acute care hospital setting, The Pearland Surgery Center does not routinely perform "high risk" procedures. While no surgery is without risk, most procedures performed in this facility are considered to be of minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, 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 the 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 care hospital, further treatments 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 this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

DISCLOSURE OF OWNERSHIP

Pearland Surgery Center is proud to have a number of quality physicians invested in our facility. Their investment enables them to have a voice in the administration of policies of our facility. This involvement helps to ensure the highest quality of surgical care for our patients. Your physician may or may not have financial interest in this facility.

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at (832) 255-7500

or by mail at:

Pearland Surgery Center
15015 Kirby Dr. Ste 100
Pearland TX 77047-2573
(832) 255-7500

Complaints and grievances may also be filed through the State of Texas Office of Enforcement Unit at:

Texas Department of Health
Enforcement Unit
PO Box 149347
Austin TX 78714-3199
(888) 973 - 0022 (Toll Free)

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at: www.cms.hhs.gov/center/ombudsman.asp