

Patient's Bill of Rights

As a patient, you have the right to:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- Personal and informational privacy and security for self and property.
- Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise the Patient Rights when you are unable to do so, without coercion, discrimination, or retaliation.
- Confidentiality of records and disclosures and the right to access information contained in your clinical record. Except when required by law, you have the right to approve or refuse the release of records.
- Information concerning your diagnosis, treatment, and prognosis, to the degree known.
- Participate in decisions involving your healthcare and be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to services.
- Make decisions about medical care, including the right to accept or refuse medical or surgical treatment after being adequately informed of the benefits, risks, and alternatives, without coercion, discrimination, or retaliation.
- Self-determination, including the right to accept or to refuse treatment and the right to formulate an advance directive.
- Competent, caring healthcare providers who act as your advocates and treat your pain as effectively as possible.
- Know the identity and professional status of individuals providing service and be provided with adequate education regarding self-care at home, written in a language you can understand.
- Be free from unnecessary use of physical or chemical restraint and or seclusion as a means of coercion, convenience, or retaliation.
- Know the reason(s) for your transfer either inside or outside the facility.
- Impartial access to treatment regardless of race, age, sex, ethnicity, religion, sexual orientation, or disability.
- Receive an itemized bill for all services within a reasonable period and be informed of the source of reimbursement and any limitations or constraints placed upon your care.
- File a grievance with the facility by contacting the Clinical Director, via telephone or in writing, when you feel your rights have been violated.

123 Crestview Park Drive
Dickson, TN 37055

- Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.

Preoperative Facility Disclosure

- Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.
- File a complaint of suspected violations of health department regulations and/or patient rights. Complaints may be filed at:

State of Tennessee Information

You may phone your complaint into:

Tn. Healthcare Facilities, Complaint Intake Unit

Toll Free: Monday – Friday 8:00am-4:30pm 1-877-287-0010

You may mail your complaint to :

Division of Health Care Facilities

Centralized Complaint Intake Unit

665 Mainstream Drive, Second Floor

Nashville, Tn. 37243

Office of the Medicare Beneficiary Ombudsman

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

As a patient, you are responsible for:

- Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate physician(s).
- Providing, to the best of your knowledge, past medical history and reporting any unexpected changes in health to the appropriate physician(s).
- Following the treatment plan recommended by the primary physician involved in your case.
- Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
- Indicating whether you clearly understand a contemplated course of action, and what is expected of you, and ask questions when you need further information.
- The responsibility to behave respectfully toward all healthcare professionals and staff, as well as other patients and visitors.
- Your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions relating to your care.
- Ensuring that the financial obligations of your healthcare are fulfilled as expediently as possible.
- Providing information about, and/or copies of any living will, power of attorney or other directive that you desire us to know about.

Advance Directives



- **ADVANCE DIRECTIVE/LIVING WILL**

- **If you have a copy of an Advance Directive and / or Living Will, please provide it to the front desk so that it can be scanned into your chart.**
- **If you have a copy of your Organ Donation paperwork, please provide it to the front desk so that it can be scanned into your chart.**

Because the scope of Dickson Ambulatory Surgery Center is limited to elective outpatient surgical procedures, it is the policy of this facility that any life – threatening situation that arises will be immediately treated with life-sustaining measures. Concurrently, the emergency medical system (EMS) will be activated for emergency patient transport to a hospital facility. The patient’s right and need to be an active participant in the decision -making process regarding their care is recognized and respected. Acknowledgement of this policy does not revoke or invalidate any current health care directive or health care power of attorney. If you have an executed advance directive, please bring a copy with you on the day of surgery. If you would like more information on advance directives, please ask.

SURGICAL CENTER OWNERSHIP

The Dickson Ambulatory Surgery Center is owned and operated by Dickson Surgical Partners. We are required by Federal Law to notify you that some of the physicians that are part of Dickson Surgical Partners hold financial interest or ownership in Dickson Ambulatory Surgery Center. We are required to disclose this financial interest or ownership in writing prior to the start of the procedure you are scheduled to receive. A list of physicians who have a financial interest in Dickson Ambulatory Surgery Center follows:

Financial Disclosure

I am aware that my physician may have an ownership interest in Dickson Ambulatory Surgery Center. If I choose to go to another healthcare facility for this procedure, it will have no effect upon my relationship with my physician.

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