

# AFFILIATED AMBULATORY SURGERY CENTER, LLC

650 Shawan Falls Dr., Dublin, OH 43017  
Phone (614) 764-1711 Fax (614) 889-2652

## *Notice of Patient Rights & Disclosures*

### **List of Patient Rights**

1. The patient has the right to receive considerate and respectful care in a safe setting.
2. The patient has the right to know the name of the physician responsible for coordinating his/her care.
3. The patient has the right to obtain information from his or her physician in terms that can be reasonably understood. Information may include, but is not limited to his or her diagnosis, treatment, prognosis, and medically significant alternatives for care or treatment that may be available. When it is not medically advisable to share specific information with the patient, the information should be made available to an appropriate person in his or her behalf. When medical alternatives are to be incorporated into the plan of care, the patient has the right to know the name of the person(s) responsible for the procedures and/or treatments.
4. The patient has the right to obtain the necessary information from his or her physician to give informed consent before the start of any procedure and/or treatment. Necessary information includes, but is not limited to, the specific procedure and/or treatment, the probable duration of incapacitation, the medically significant risks involved, and provisions for emergency care.
5. The patient has the right to expect this accredited ambulatory surgery facility will provide evaluation, services and/or referrals as indicated for urgent situations. When medically permissible, the patient or designated support person(s) will receive complete information and explanation about the need for and alternatives to transferring to another facility. The facility to which the patient is to be transferred must first have accepted the patient for transfer.
6. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his or her action.
7. The patient has the right to obtain information about any financial and/or professional relationship that exists between this facility and other health care and educational institutions insofar as his or her care is concerned. The patient has the right to obtain information about any professional relationships that exist among individuals who are involved in his or her procedure or treatment.
8. The patient has a right to be advised if this accredited ambulatory surgery facility proposes to engage in or perform human experimentation affecting his or her care or treatment. The patient has the right to refuse to participate in research projects.
9. The patient has the right to every consideration for privacy throughout his or her medical care experience, including but not limited to the following: Confidentiality and discreet conduct during case discussions, consultations, examinations and treatments. Those not directly involved in his or her care must have the permission of the patient to be present. All communications and records pertaining to the patient's care will be treated as confidential.
10. The patient has the right to expect reasonable continuity of care, including, but not limited to the following: The right to know in advance what appointment times and physicians are available and where. The right to have access to information from his or her physician regarding continuing health care requirements following discharge. The number to call for questions or emergency care.
11. The patient has the right to access and examine an explanation of his or her bill regardless of the source of payment.
12. The patient and designated support person(s) have the right to know what facility rules and regulations apply to their conduct as a patient and guest during all phases of treatment.
13. The patient has the right to be free from all forms of abuse, neglect or harassment.
14. The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.

### **Patient Responsibilities**

It is the patient's responsibility to participate fully in decisions involving his or her own health care and to accept the consequences of these decisions if complications occur.

It is the patient's responsibility to follow up on his or her physician's instructions, take medications when prescribed, and ask questions that emerge concerning his or her own health care.

**It is the patient's responsibility to provide the name of their support person in case of an emergency and have this support person available when advised to do so.**

## PHYSICIAN PARTICIPATION

This is to inform you that your physician might have a financial interest or ownership in this surgery center. The physician(s) having a financial interest or ownership in Affiliated Ambulatory Surgery Center, LLC are Brett Kockentiet, MD, Dwight Scarborough, MD and Richard Scarborough, DO.

## PATIENT GRIEVANCES

Patients and families are encouraged to help Affiliated Ambulatory Surgery Center, LLC improve its understanding of a patient's environment by providing feedback, suggestions, comments and/or complaints regarding their needs and expectations. Direct any care concerns or complaints to:

1. Brett Kockentiet, MD, Facility Director, at 650 Shawan Falls Dr. Dublin, OH 43017, or by phone at (614) 764-1711, ext 121, and/or
2. Ohio Department of Health, Complaint Unit, 246 North High St, Columbus, OH 43215, or call (800) 342-0553, or email [HCComplaints@odh.ohio.gov](mailto:HCComplaints@odh.ohio.gov). and/or
3. The Medicare Beneficiary Ombudsman is a third option at 1-800-MEDICARE (800-633-4227) or <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

The Investigations Team at QUAD A may be notified at (888) 545-5222 or emailed at [investigations@quada.org](mailto:investigations@quada.org)

## ADVANCED DIRECTIVES

The policy you will be asked to sign concerning advanced directives for Affiliated Ambulatory Surgery Center, LLC is as follows:

We understand that you may have an advance directive of your own. However, in accordance with Ohio law, this center must inform you that we are not required to implement and are unable to initiate "Do Not Resuscitate" (DNR) directives due to the limited capabilities of our surgery center and equipment. A healthcare Power of Attorney will likely be followed. Should you have an advanced directive you would like us to have, we will place a copy in your medical record. In the event your physician orders a hospital transfer, a copy will accompany you to the hospital. Our commitment is to provide prompt emergency treatment until EMS arrives to transport you to Dublin Methodist Hospital with whom we have our Transfer Agreement.

To develop your own Advanced Directive: <https://www.franklincountyohio.gov/probate/advanced-directive.cfm>

*This accredited facility presents these Patient Rights & Patient Responsibilities to reflect the commitment to providing quality patient care, facilitating dialogue between patients, their physicians, and the facility management, and promoting satisfaction among the patients and their designated support person(s), physicians, and health professionals who collaborate in the provision of care. This facility recognizes that a personal relationship between the physician and the patient is an essential component for the provision of proper medical care. When the medical care is rendered within an organizational structure, the facility itself has a responsibility to the patient to advocate for expanded personal relationships and open communications between patients and their designated support persons, physicians and the organization's staff members. This facility has many functions to perform, including but not limited to, preventing and treating medical conditions, providing education to health professionals and patients, and possibly conducting clinical research. All these activities must be conducted with an overriding concern for the patient and above all the recognition of his or her dignity as a human being. Although no catalogue of rights can provide a guarantee that the patient will receive the kind of treatment he or she has a right to expect, these patient rights are affirmed and actively incorporated into the care provided in this facility.*