

# **AFFILIATED AMBULATORY SURGERY CENTER, LLC**

**650 Shawan Falls Dr., Dublin, OH 43017**

**Ph. (614) 764-1711 Fax (614) 889-2652**

## **List of Patient Rights**

- ▶ Considerate and respectful care will be given to patients at all times.
- ▶ Patients may expect that reports of pain will be believed and responded to by health professionals.
- ▶ Knowledge of the name of the physician with primary responsibility for coordinating his/her care and the names and professional relationships of other physicians who will see him/her.
- ▶ Receive information from the physician about his/her illness, course of treatment and prospect for recovery in terms that he/she can understand.
- ▶ Receive as much information about any proposed treatment or procedure as he/she may need to receive in order to give informed consent or to refuse. Except in emergencies, this information shall include a description of the procedure or treatment, medically significant risks involved in each, and the person who will carry out the procedure or treatment.
- ▶ Actively participate in decisions regarding his/her medical care to the extent permitted by law; this includes the right to refuse treatment.
- ▶ Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Patient has the right to be advised as to the reason for the presence of any individual.
- ▶ Confidential treatment of all communications and records pertaining to his/her care and stay in the ambulatory surgery center.
- ▶ Patient's written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- ▶ The right to access, inspect, and obtain a copy of their protected health information.
- ▶ Reasonable response to any reasonable requests he/she may make for service.
- ▶ The right to be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- ▶ Leave Affiliated Ambulatory Surgery Center, even against the advice of his/her physicians.
- ▶ Reasonable continuity of care and to know in advance, the time and location of appointments as well as the physician providing the care.
- ▶ Be advised if our surgery center and/or their physician on our staff proposes to engage in or perform human experimentation affecting his/her care of treatment. The patient has the right to refuse participation in such research projects.
- ▶ Be informed by his/her physician or a delegate of the physician, the patient's continuing health care requirements following discharge from the surgery center.
- ▶ Examine and receive an explanation of his/her bill regardless of source of payment.
- ▶ Know which Affiliated Ambulatory Surgery Center rules and policies apply to his/her conduct as a patient.
- ▶ Have all patient rights apply to the person designated as the patient's guardian, next of kin, or legally authorized responsible person having the right to exercise the rights delineated on the patient's behalf, to the extent permitted by law, if the patient has been adjudicated incompetent in accordance with the law, has designated a legal representative to act on their behalf or if the patient is a minor.
- ▶ Exercise these rights without regard to sex, cultural, economic, educational, religious background, or the source of payment for his/her care.

## 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 Dwight Scarborough, MD, Brett Kockentiet, MD and Scott Alexander, MD.

## 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 honor and are unable to honor "Do Not Resuscitate" (DNR) directives due to the limited capabilities of our equipment. A healthcare Power of Attorney will be honored. 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>

## 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. Suggestions, comments or complaints should be registered by writing Laurie Johannsen, RN, at 650 Shawan Falls Dr. Dublin, OH 43017, or by phone at (614) 764-1711. Other options are to write to the 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). The Medicare Beneficiary Ombudsman is a third option at 1-800-MEDICARE (800-633-4227) or [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp). The Joint Commission may be notified as well at (800) 994-6610, Central Time Zone. Affiliated Ambulatory Surgery Center will respond in writing with notice of how suggestions, comments and/or complaints have been addressed.

## PATIENT RESPONSIBILITIES

The care a patient receives depends partially on the patient. Therefore, in addition to the List of Patient Rights, we ask our patients to accept certain responsibilities that are presented to him/her in the spirit of mutual trust and respect. We request that our patients:

- 1) provide complete and accurate information to the best of their ability about his/her health, any prescription medications, over-the-counter products, herbal and dietary supplements and any allergies or sensitivities,
- 2) make it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her,
- 3) follow the treatment plan prescribed by his/her provider, and
- 4) keep appointments and notify the surgery center or physician when unable to do so.