



PATIENT RIGHTS

- Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care.
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services.
- Be fully informed of the scope of services available at the facility, provisions for after-hours care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Express grievances/complaints and suggestions at any time.
- Access to and/or copies of his/her medical records.
- Be informed as to the facility's policy regarding advance directives/living wills.

- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English.
- Have an assessment and regular assessment of pain.
- Education of patients and families, when appropriate, regarding their roles in managing pain.
- To change providers if other qualified providers are available.

If a patient is adjudged incompetent under applicable state health and safety laws by a 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 laws may exercise the patient's rights to the extent allowed by state law.

PATIENT RESPONSIBILITIES

- Be considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the facility.
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing care givers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.
- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting to care at the facility.
- Promptly fulfilling his or her financial obligations to the facility.
- Identifying any patient safety concerns.

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at 512-349-4010 or by mail at:

**Northwest Surgery Center
11111 Research Blvd. Suite LL3
Austin, TX 78759**

Complaints and grievances may also be filed through the:
Texas Department of State Health Services
Facility Licensing and Compliance Division
1100 West 49th Street
Austin, TX 78756
1-888-973-0022

or
Joint Commission on Accreditation of Healthcare
Organizations
One Renaissance Blvd
Oakbrook Terrace, IL 60181
1-800-994-6610

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

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 Northwest Surgery Center respects and upholds those rights.

However, unlike in an acute care hospital setting, The Northwest 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

Northwest 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 **does/does not (circle as appropriate)** have a financial interest in this facility.

By signing this document, I acknowledge that I have read and understand its contents:

Patient/Patient Representative Signature

Date
NWS-028

Insurance Information

We know that health care insurance can be confusing. Please take a brief moment to review this page to help you understand some key points about your insurance as it relates to your procedure at Northwest Surgery Center.

- Northwest Surgery Center will give you an **estimate** of your portion of the cost of your procedure. This **estimate** is based on the procedure(s) your physician has scheduled and the type of insurance plan you have.
- It is important to know that this is only an **estimate**. Sometimes things change and additional or sometimes less procedures may be performed than was known when the surgeon scheduled your procedure. These changes can affect your final financial responsibility to Northwest Surgery Center, either more or less.
- We expect payment prior to your surgery. Payments include your co-pays, coinsurance and any deductible amounts that are due.
- A **copay** is a form of medical cost sharing in a health insurance plan that requires an insured person to pay a fixed dollar amount when a medical service is received. The insurer is responsible for the rest of the reimbursement. There may be separate copayments for different services. Some plans require that a deductible first be met for some specific services before a copayment applies.
- A **deductible** is a fixed dollar amount during the benefit period (usually a year) that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles. Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission. Deductibles may differ if services are received from an approved provider or if received from providers not on the approved list.
- **Coinsurance** is a form of medical cost sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical

expenses after the deductible amount, if any, was paid. Once any deductible amount and coinsurance are paid, the insurer is responsible for the rest of the reimbursement for covered benefits up to allowed charges: the individual could also be responsible for any charges in excess of what the insurer determines to be "usual, customary and reasonable". Coinsurance rates may differ if services are received from an approved provider (i.e., a provider with whom the insurer has a contract or an agreement specifying payment levels and other contract requirements) or if received by providers not on the approved list. In addition to overall coinsurance rates, rates may also differ for different types of services.

Billing Information

Because there are several healthcare practitioners who are providing a service to you, there will be separate bills generated from each of these providers; therefore, you can plan to expect bills from multiple providers for one procedure at Northwest Surgery Center.

- Your bill from Northwest Surgery Center, is referred to as the facility fee.
- You will also receive a bill from your physician and from your anesthesia provider. The anesthesia providers at Northwest Surgery Center are from Capital Anesthesia Associates. **Capital Anesthesia Associates is a separate business from Northwest Surgery Center.**
- Northwest Surgery Center will bill your procedure to your insurance company for their portion, and to a second insurance provider, if you have one.
- In the end, you are responsible for the charges associated with your procedure.
- If after the surgery, we discover that you have over paid us, we will issue you a refund.



Patient Information Sheet

This brochure is designed to communicate your rights and responsibilities as a patient under our care.

Within you will find:

- Our Billing Procedures
- Our Insurance Policies
- Your rights and Responsibilities
- Our Patient Complaint & Grievance Process
- Advance Directive Notification
- Disclosure of Physician Ownership
- Other General Information

