



Viewmont Surgery Center

This Facility adopts and affirms as policy the following rights of patient/clients who receive services from our facility. The facility will provide the patient or the patient's representative verbal and written notice of such rights in advance of the date of the procedure in accordance with 42 C.F.R. § 416.50, and will be posted in the facility's waiting room.

NOTICE TO PATIENTS: Bill of Rights/ Complaint Resolution

The patient rights are as follows:

- Treatment without discrimination as to age, race, color, religion, sex, national origin, political belief, or handicap. It is our intention to treat each patient as a unique individual in a manner that recognizes their basic human rights.
- Considerate and respectful care including consideration of psychosocial, spiritual, and cultural variables that influence the perceptions of illness.
- Receive, upon request, the names of physicians directly participating in your care and of all personnel participating in your care.
- Obtain from the person responsible for your health care complete and current information concerning your diagnosis, treatment, and expected outlook in terms you can be reasonably expected to understand. When it is not medically advisable to give such information to you, the information shall be made available to an appropriate person in your behalf.
- Receive information necessary to give informed consent prior to the start of any procedure and/or treatment, except for emergency situations. This information shall include as a minimum an explanation of the specific procedure or treatment itself, its value and significant risks, and an explanation of other appropriate treatment methods, if any.
- The patient may elect to refuse treatment. In this event, the patient must be informed of the medical consequences of this action. In the case of a patient who is mentally incapable of making a rational decision, approval will be obtained from the guardian, next-of-kin, or other person legally entitled to give such approval. The facility will make every effort to inform the patient of alternative facilities for treatment if we are unable to provide the necessary treatment.
- The facility will provide the patient or patient representative with the facilities policies and description of the State health and safety laws on advance directives, and upon request, refer you to resources for general information on how to formulate an advance directive, including where to obtain the official State advance directive form, and appointing a surrogate to make health care decisions on your behalf, to the extent permitted by law. Access to health care at this facility will not be conditioned upon the existence of an advance directive.
- Privacy to the extent consistent with adequate medical care. Case discussions, consultation, examination and treatment are confidential and should be conducted discreetly.
- Privacy and confidentiality of all records pertaining to your treatment, except as otherwise provided by law or third party payment contract.
- A reasonable response to your request for services customarily rendered by the facility, and consistent with your treatment.
- Expect reasonable continuity of care and to be informed, by the person responsible for your health care, of possible continuing health care requirements following discharge, if any.
- The identity, upon request, of all health care personnel and health care institutions authorized to assist in your treatment.
- Refuse to participate in research or be advised if your personal physician and/or facility proposes to engage in or perform human experimentation affecting his/her care or treatment. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services
- Upon patient request, examine and receive a detailed explanation of your bill including an itemized bill for services received, regardless of sources of payment.
- Know the facility's rules and regulations that apply to your conduct as a patient.
- Be advised of the facility grievance process, should he or she wish to communicate a concern regarding the quality of the care he or she receives or if he or she feels the determined discharge date is premature. Notification of the grievance process includes: who to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance and the grievance completion date.
- Complaint or criticisms will not serve to compromise future access to care at this facility. Staff will gladly advise you of procedures for registering complaints or to voice grievances including but not limited to grievances regarding treatment or care that is (or fails to be) furnished.
- Access and copy information in the medical record at any time during or after the course of treatment. If patient is incompetent, the record will be made available to his/her guardian.
- Expect to be cared for in a safe setting regarding: patient environmental safety, infection control, security and freedom from abuse or harassment.
- Receive care, free of restraints unless medically reasonable issues have been accessed and pose a greater health risk without restraints.
- Participate in the development, implementation and revision of his/her care plan.



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- Complaints may be directed to the following Facility Contact:
Kathy Kelly, Administrator
Viewmont Surgery Center
50 13th Avenue NE Suite 1
Hickory, NC 28601
828-624-1250
- Complaints may be directed to the following State Agency:
NC STATE DEPT OF HEALTH AND HUMAN SERVICES
OFFICE OF CITIZEN SERVICES
2012 MAIL SERVICE CENTER
RALEIGH, NC 27699-2012
800-662-7030
- Web site for the Medicare Beneficiary Ombudsman: www.medicare.gov or 1-800-633-7227 or www.cms.hhs.gov/center/ombudsman

NOTICE TO PATIENTS: Physician Financial Ownership

We are required by Federal law to notify you that physicians hold financial interest or ownership in this ASC. We are required by 42 C.F.R. § 416.50 to disclose this financial interest or ownership in writing and in advance of the date of the procedure. A list of physicians who have a financial interest in this ASC are listed below:

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|------------------------|--------------------------|--------------------------|
| 1. Dr. Jamey Cost | 7. Dr. Michelle Brown | 13. Dr. David Melon |
| 2. Dr. Dawn Griesen | 8. Dr. Felicia Cain | 14. Dr. Stephen Sladicka |
| 3. Dr. Merritt Seshul | 9. Dr. Christopher Hunt | 15. Dr. William Geideman |
| 4. Dr. William Jarrett | 10. Dr. Timothy Kirkland | |
| 5. Dr. Willard Harrill | 11. Dr. Paul Lafavore | |
| 6. Dr. Donald Brown | 12. Dr. Frank Mauldin | |

NOTICE TO PATIENTS: Policy for Advanced Directives

Please note that our Facility's policy on Advanced Directives is that Life sustaining efforts will be initiated and maintained on all patients. If you would like information on developing Advanced Directives, the following website can assist you and includes a description of the State's health and safety laws, and upon request, we will provide you with official State advance directive forms:

<http://www.uslivingwillregistry.com/forms.shtm>

NOTICE TO PATIENTS: Patient Statement of Responsibilities

1. I will provide accurate information about present and past illnesses, hospitalizations, medications, allergies and "NPO" status.
2. I will make every attempt to understand the implications of my procedure, including risks of refusing treatment, and I will ask for clarification when needed.
3. I will arrive at the scheduled time or notify facility of inability to do so.
4. I will follow all discharge instructions.
5. I will be respectful of the rights of other patients and staff.
6. I will be respectful of others' property.
7. I will immediately inform my physician of change in condition or adverse reaction.
8. I will be responsible for assuring that the financial obligations of my health care are fulfilled as promptly as possible.



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Patient Name

Date forms given

This is to confirm that I have received the following forms from my physician to review prior to arriving for my procedure at Viewmont Surgery Center. I also understand that I may contact Viewmont Surgery Center in case I have any questions regarding any of these forms.

Patient Statement of Responsibilities

Policy for Advanced Directives

Physician Financial Ownership

Patient Bill of Rights/Complaint Resolution

Signature of Patient or Legal Guardian

Date