Patient Notification

Marietta Surgical Center

780 Canton Road, Suite 100 & 250, Marietta, GA 30060
770-422-1579 Ext. 221 Fax: 770-422-8472

PATIENT RIGHTS

Marietta Surgical Center would like to assure you of your rights and responsibilities as a patient.
You have the right to:

- Considerate, respectful & dignified care provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Personal & informal privacy, within the law.
- Information concerning your diagnosis, treatment & prognosis, to the degree known in a language or manner you understand, or to an individual designated by you or to a legally authorized individual as part of the informed consent process.
- Appropriate assessment & management of pain.
- The opportunity to participate in decisions involving your health care, unless contraindicated by concerns of your health.
- Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability.
- Be advised & refuse to participate in any research without risk of compromising your right to access care, treatment and/or services.
- Know the identity & professional status of individuals providing service.
- Request a change in providers of care if other qualified providers are available.

PATIENT COMPLAINT OR GRIEVANCE

Marietta Surgical Center will promptly review, investigate & resolve any patient grievances or complaints in a timely manner. If you feel you may have an issue, we provide you with the following contact information:
Marietta Surgical Center, 780 Canton Rd, Suite 100
Marietta, GA 30060 Attention: Administrator

Composite State Board of Medical Examiners
2 Peachtree Street, NW, 10th Floor
Atlanta, GA 30303-3465
404-656-3913
http://medicalboard.georgia.gov

Department of Community Health
2 Peachtree Street, 31st Floor
Atlanta, GA 30303-3142
404-657-8939
1-800-878-6442
http://ors.dhr.georgia.gov/portal/site/DHR-ORS/

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage at:
www.cms.hhs.gov/center/ombudsman.asp
1-800-MEDICARE

CONSULTATION

The patient, at his/her own request & expense, has the right to consult with a specialist.

Disclosure of Ownership

☐ *Physician **has** a financial interest in this facility.*

☐ *Physician **does not have** a financial interest in this facility.*

PATIENT RESPONSIBILITIES

You are responsible for:

- Providing accurate complete information regarding your present health status (including past & present medications), past medical history, & for reporting any unexpected changes to the appropriate practitioner(s).
- Following the treatment plan recommended by the primary practitioner.
- Following the rules & regulations of the facility affecting patient care & conduct.
- In the case of a pediatric patient, a parent or guardian is to remain in the facility for the duration of the patient's stay in the facility.
- Being considerate & respectful of the rights of other patients & facility personnel.
- Providing a responsible adult to transport you home after surgery & an adult to be responsible for you at home for the first 24 hours after surgery/anesthesia.
- Indicating whether you clearly understand a contemplated course of action & what is expected of you.
- Your actions if you refuse treatment, leave the facility against the advice of the practitioner and/or do not follow the practitioner's instructions relating to care.
- Assuring financial obligations of your health care are fulfilled as expediently as possible.

PRIVACY & CONFIDENTIALITY

Marietta Surgical Center complies with federal HIPAA (Health Insurance Portability & Accountability Act) regulations to maintain the privacy of your health information.

ADVANCED DIRECTIVE

Marietta Surgical Center is not an acute care facility; therefore regardless of the contents of any advanced directive or instructions from a health care surrogate or attorney, if an adverse event occurs during your treatment, we will initiate resuscitative or any other stabilizing measures & transfer you to an acute care setting for further evaluation. Your agreement with this policy **does not** revoke or invalidate any current health care directives or health care power of attorney.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE I HAVE READ, UNDERSTAND AND AGREE TO ITS CONTENTS:

____
PLEASE PRINT PATIENT'S FULL NAME

____
SIGNATURE OF PATIENT/PATIENT REPRESENTATIVE

____
DATE & TIME

Patient Name/Label