

PATIENT RIGHTS AND RESPONSIBILITIES

THE PATIENT HAS THE RIGHT TO:

- 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
- Expect full recognition of individuality, including privacy in treatment and in care. In addition, all communications and records will be kept confidential.
- Complete information, to the extent known by the physician, regarding diagnosis, treatment and the prognosis, as well as alternative treatments or procedures and the possible risk and side effects associated with treatment.
- Be fully informed of the scope of services available at the facility, provisions for after hours and emergency 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 designated representative or other legally designated person shall exercise the patient's rights.
- 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, except in the case of transfer to another health facility or as required by law for the third party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and have the option to refuse participation in such experimentation or research without compromise to the patient's usual care.
- Express grievances/complaints and suggestions at any time. Change their primary or specialty physician if other qualified physicians are available.
- Be fully informed before any transfer to another facility or organization.

- Express those spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of medical therapy for the patient.
- Be informed as to the facility's policy regarding advance directives/living wills.

If a patient is judged incompetent under the State of Texas 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 judged 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 caregivers 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 the right to care at the facility and is responsible for the outcome.
- Promptly fulfilling his or her financial obligations to the facility.
- Identifying any patient safety concerns.



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. Texarkana Surgery Center respects and upholds those rights.

Therefore, it is the policy of Texarkana Surgery Center, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation.

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.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE BEEN PROVIDED THIS INFORMATION, VERBALLY AND WRITTEN, IN ADVANCE OF MY PROCEDURE, AND HAVE READ AND UNDERSTAND ITS CONTENTS:

(Patient/Patient Representative Signature)

DATE

WITNESS SIGNATURE

DATE

Physician Ownership Disclosure

Symbion Inc.

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at 903-793-4872 or by mail at:

Texarkana Surgery Center
Administrator: Lori Bolden
5404 Summerhill Rd, Texarkana, Texas 75503

Complaints and grievances may also be filed through the State of Texas--Office of Investigations at:

Texas Department of Health
Office of Investigations
1100 W. 49th Street, Austin, TX 78756
888-973-0022