

## Patient's Rights and Notification of Physician Ownership

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISIONS REGARDING HIS/HER CARE. SECTION 1557 IS THE NONDISCRIMINATION PROVISION OF THE AFFORDABLE CARE ACT. THE LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY IN CERTAIN HEALTH PROGRAMS OR ACTIVITIES. SECTION 1557 BUILDS ON LONG STANDING AND FAMILIAR CIVIL RIGHTS LAWS: TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, SECTION 504 OF THE REHABILITATION ACT OF 1973 AND THE AGE DISCRIMINATION ACT OF 1975. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE/SURROGATE PRIOR TO THE PROCEDURE/SURGERY.

### **PATIENT'S RIGHTS:**

- To ensure that the rights and responsibilities of patients are communicated and respected throughout the patient's care experience at the surgery center.
- Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for his/her care.
- To be treated with respect, consideration, and dignity.
- To be provided with appropriate personal privacy, care in a safe setting and freedom from all forms of abuse and harassment.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other healthcare providers who will see him/her.
- Receive information from his/her physician about your illness, his/her course of treatment and the prospects for recovery in a manner that will be understood by the patient and/or patient representative/surrogate.
- Receive as much information from your physician about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies this information shall include a description of the procedure or treatment, the medically significant risks involved in each, and to know the name of 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 or change his/her primary physician.
- Disclosures and records are treated confidentially, except when required by law, patients are given the opportunity to approve or refuse their release.
- Information for the provision of after-hour and emergency care.
- Information regarding fees for service, payment policies and financial obligations.
- The right to decline participation in experimental or trial studies.
- The right to receive marketing or advertising materials that reflect the services of the center in a way which is not misleading.
- The right to express concerns and receive a response to inquiries in a timely fashion.
- The right to self-determination including the right to accept or to refuse treatment and the right to formulate an Advance Healthcare Directive and understand the facility's policy and state regulations regarding Advance Healthcare Directives.

- The right to know and understand what to expect related to their care and treatment.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient, or to a legally authorized person.
- Be advised of the facility's grievance process, should the patient or patient's representative or surrogate wish to communicate a concern regarding the quality of the care he or she receives. Notification of the grievance process includes: whom 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 facility's contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance and the grievance completion date.
- To leave the facility even against the advice of his/her physician.
- To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient's rights.
- To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care. The patient's written consent for participation in research shall be obtained and retained in his/ her patient record.
- To appropriate assessment and management of pain.
- Be advised if the physician has a financial interest in the surgery center.
- (IF APPLICABLE) Be advised as to the absence of malpractice coverage.
- (IF APPLICABLE) Regarding care of the pediatric patient, to be provided supportive and nurturing care which meets the emotional and physiological needs of the child and for the participation of the caregiver in decisions affecting medical treatment.

#### **PATIENT RESPONSIBILITIES:**

- Provide complete and accurate information to the best of your ability regarding your health, past illnesses, hospitalizations, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Ask for an explanation if you do not understand papers you are asked to sign or anything about your own or your child's care.
- Gather as much information as you need to make informed decisions.
- Follow the care prescribed or recommended for you or your child by the physicians, nurses, and other members of the health care team.
- Respect the rights and privacy of others.
- Assure the financial obligations associated with your own or your child's care is fulfilled.
- Take an active role in ensuring safe patient care. Ask questions or state concerns while in our care. If you don't understand, ask again.
- Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.
- Inform the center and physician about any Advance Directives that could affect your care.
- Keep appointments and notify the physician or facility when unable to do so.
- In the case of pediatric patients, a parent or guardian is responsible to remain in the facility for the duration of the patient's stay in the facility. The parent or legal guardian is responsible for participating in decision making regarding the patient's care.

**If you need an interpreter:**

If you will need an interpreter, **please let us know** and one will be provided for you.

**Rights and Respect for Property and Person**

**The patient has the right to:**

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice a grievance regarding treatment or care that is, or fails to be, furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Confidentiality of personal medical information.

**Privacy and Safety**

**The patient has the right to:**

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

**Advance Directives**

***An "Advance Directive" is a general term that refers to your instructions about your medical care in the event you become unable to voice these instructions yourself. Each state regulates advance directives differently. There are two types of Advance Directives: Power of Attorney for Healthcare and Instructions for Healthcare. You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient's representative) prior to the procedure being performed.***

Advanced Medical Imaging Surgery Center respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient's condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient's care.

**Complaints/Grievances:** If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

**CENTER CONTACT INFORMATION:**

Center Director  
Advanced Medical Imaging Surgery Center  
7555 Pioneers Blvd.  
Lincoln, NE 68506  
PHONE: 402-261-1085

Nebraska Consumer Protection Line: 800.727.6432

Quality Improvement Organization, KEPRO at 855.408.8557 (Medicare Beneficiaries)

**MEDICARE:**

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman.

**Medicare Ombudsman Web site:** <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

**Office of the Inspector General:** <http://oig.hhs.gov>

**Local Department of Health Services:**

Dennis Scott  
DHHS Division of Public Health Investigations  
1033 O Street, Suite 500  
Lincoln NE 68508

This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC).

Complaints or grievances may also be filed through:

AAAHC

5250 Old Orchard Road, Suite 200

Skokie, IL 60077 PHONE: 847-853-6060 or email: [info@aaahc.org](mailto:info@aaahc.org)

#### **Physician Ownership**

**Physician Financial Interest and Ownership:** Physician Financial Interest and Ownership: The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

#### **THE FOLLOWING PHYSICIANS HAVE A FINANCIAL INTEREST IN THE CENTER:**

Jeffry Ailes	John Felt	Hemantha Koduri	Matthew Byington
Kaliprasad Ayala	Daniel Finn	Denes Korpas	Gustavo Machado
Paul Bajwa	Greg Fitzke	Kelly Krier	Eric So
Vish Bhoopalam	Kevin Gillespie	Steven Martin	Anthony Tabatabai
Curtis Burhoop	Daniel Hadland	Gina Mentzer	Raymond Taddeucci
Kim Coleman	Benjamin Hung	Douglas Netz	John Massey
Christopher Colling	William Ingham	Rebecca Rundlett	Liane Donovan
Mary Curtis	Michael Jobst	Rahul Razdan	
Michael DeWald	Quinton Kelly	Eric Vander Woude	

**Advanced Medical Imaging Surgery Center**

**7555 Pioneers Blvd.**

**Lincoln, NE 68506**

**Phone: 402-261-1085**