

YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT AT ACADIANA SURGERY CENTER, INC.

The physicians and staff of Acadiana Surgery Center, Inc., would like to ensure that all of their patients are treated in a manner that recognizes their basic human rights. Please be advised that Dr. W. Perry Stokes, Jr., MD, owns and operates Acadiana Surgery Center. Please review the following rights, which should be extended to you while you are a patient at our center.

I. PATIENT RIGHTS:

- A. Access to treatment that is available and/or medically indicated, and this care will be provided regardless of race, creed, sex, national origin, or handicap.
- B. To be free from mental, physical, sexual and verbal abuse, neglect and exploitation while under the care of the organization.
- C. Considerate, respectful care at all times and under all circumstances, with recognition given to the personal dignity of each patient.
- D. Expectation that any interviews, examinations, or consultations will be conducted with consideration for your privacy and confidentiality of your records. You may refuse the release of any of your medical records, except where a release is required by law. A copy of your operative report and pathology report will be sent to your referring physician unless you specify otherwise. However, your medical record will not be released to anyone else without your written consent.
- E. Access, request amendment to, and receive an accounting of disclosures regarding your health information.
- F. Reasonable safety insofar as center practices and environment are concerned.
- G. Knowledge of the identity and professional status of individuals providing services to you.
- H. Expectation of obtaining complete, current, and understandable information concerning your diagnosis, treatment, and any known prognosis. When concern for a patient's health makes it inadvisable to give this information to the patient, the information will be made available to an individual designated by the patient or to legally authorized individuals.
- I. Reasonable informed participation in decisions involving your care and the right to refuse care, treatment, or services in accordance with law and regulation. However, should you refuse care, treatment, or services you must understand that you will be responsible for your actions if you choose not to follow the physician's instructions or recommendations. Refusal of recommended treatment will in no way compromise your future access to care.
- J. Pursuit of a second opinion before agreeing to any treatment the physician has suggested.
- K. Expectation of a quick response to reports of pain.

II. Upon request, this office has available for patients and patients' families information on Living Wills, power of attorney, as well as rights of patients with terminal or irreversible conditions to control decisions relating to their medical care. If you are interested in this information, please discuss this with the physician or nurse, or call the Director of Nurses at 364-9680. Louisiana law allows two types of advance directives: Living Wills and durable power of attorney for health care. If you already have either of these, please tell the doctor or nurse. We need to put a copy of the document in your medical chart. Unfortunately, due to the fact that we treat a healthy ambulatory population, our policy states that we are not able to honor Living Wills.

III. If you should feel that health standards or sanitary conditions in the Center are not what they should be, you may call the Iberia Parish Public Health Office at 373-0021.

- IV. A parent or guardian must accompany all patients who are minors (under the age of 18). No treatment will be rendered to a minor who arrives for a procedure without an authorized adult.
- V. Fees for services and the center's policies concerning payment of fees will be discussed with you prior to your procedure by the accounts manager, who will also help in evaluating your insurance company's policy regarding precertification and payment. If you have any questions regarding billing or insurance, please contact the business manager at 364-9680. A copy of our fee schedule is available upon request.
- VI. If you feel that any of your rights as a patient were not respected by anyone in the center, or if you have recommendations regarding changes which we can make in our policies or services, please contact the Quality Director at 364-9680. We also have available upon request a complaint form if you wish to file a formal complaint for any reason. All complaints will be kept confidential and in a separate file from your chart so that your future care will not be compromised. You may also contact Rene Hullinger at the Louisiana Department of Health and Human Services, via mail at 500 Laurel St., Ste. 101, Baton Rouge, LA 70821 and by phone at 225-342-0148. You may also view the website of the Office of the Medicare Beneficiary Ombudsman at <http://www.medicare.gov/Ombudsman/resources.asp>.

VII. PATIENT RESPONSIBILITIES:

The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect as follows:

- A. Providing accurate and complete information concerning his/her present complaints, past illnesses and hospitalizations and other matters relating to his/her health.
- B. Making it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.
- C. Following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- D. Keeping appointments and notifying the center or physician when he/she is unable to do so.
- E. Assuring that the financial obligations of his/her center care are fulfilled as promptly as possible.
- F. Following center policies and procedures.
- G. Being considerate of the rights of other patients and center personnel.
- H. Being respectful of his/her personal property and that of other persons in the center.

Patient Signature _____ Witness Signature _____ Date: _____