

NOTICE OF PRIVACY

NOTICE OF PRIVACY PRACTICES PHI AND HIPAA

Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA) patients have rights to privacy regarding my protected health information. This information can and will be used to:

- ❖ Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.*
- ❖ Obtain payment from third – party payers*
- ❖ Conduct normal healthcare operations such as quality assessment and physician certification.*

A complete copy of this Center's notice of privacy practice is posted in the Center. Upon check in, you will be informed by the Center of our written Notice of Privacy Practices containing a more complete description of the uses and disclosures of your health information. You will be given the right to review such Notice of Privacy Practices from time to time and you may contact the Center to obtain a current copy. Patients may request in writing that the Center restrict how my private information is used or disclosed to carry out treatment, payment or health care operations.

PATIENT RIGHTS AND RESPONSIBILITIES

The Surgery Center's Patient's Rights and Responsibilities are established with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, their family, their physician, and the facility caring for the patient. Patients shall have the following rights without regard to age, race, sex, national origin, religion or culture, physical handicap, personal value and belief systems or source of payment.

THE PATIENT HAS THE RIGHT:

- ❖ To exercise his or her rights without being subjected to discrimination or reprisal and to be free from all forms of discrimination, abuse, or harassment.*
- ❖ To be provided consideration and dignity while receiving care in a safe environment.*
- ❖ To be treated with courtesy, respect, full recognition of individuality and with protection of his or her privacy in treatment and care. Center personnel will treat with confidence all personal matters that relate to the patient.*
- ❖ To approve or refuse the release of medical records or any individually identifiable health information to any individual or entity outside of the center, except in the case of transfer to another health facility, or as required by law or third-party payment contract.*
- ❖ To be provided, to the extent known by the physician, complete information regarding diagnosis, treatment, and prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment. If medically inadvisable to disclose to the patient such information, the information is given to a person designated by the patient or to a legally authorized individual.*
- ❖ To participate in decisions involving their health care, unless contraindicated by concerns for their health. In these situations, the patient's designated representative or other legally designated person shall exercise the patient's rights.*
- ❖ To be fully informed of the scope of services available at the surgery center, provisions for emergency or after-hours care, and to receive, upon request and prior to treatment, a reasonable estimate of charges for medical care. To receive and examine an explanation of charges regardless of payment source.*

- ❖ *To know if the medical treatment is for the purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.*
- ❖ *To have an Advance Directive, such as a living will or healthcare proxy or to receive information on Advance Directives.*
- ❖ *To identify the professional status and to know the credentials of all individuals providing services to them.*
- ❖ *To change primary or specialty physicians if other qualified physicians are available.*
- ❖ *To refuse treatment, except as otherwise provided by law and to be informed of the medical consequences of such a refusal.*
- ❖ *To express suggestions, complaints, or grievances through the grievance procedure of the health care provider or the health care center which served them and to the appropriate licensing agency and/or the Medicare Ombudsman's office.*
- ❖ *If a patient is adjudged incompetent under applicable state 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 adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.*

THE PATIENT IS RESPONSIBLE:

- ❖ *For providing to all of their healthcare providers, to the best of his or her knowledge, the most accurate and complete information about present complaints, past illnesses, hospitalizations, allergies, any medications, and other matters relating to his or her health.*
- ❖ *For reporting whether he or she clearly understands the planned course of treatment and what is expected of them.*
- ❖ *For following the treatment plan recommended by his or her health care provider.*
- ❖ *For keeping appointments and, when unable to do so for any reason, for notifying the surgical center and physician.*
- ❖ *For his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.*
- ❖ *For providing a responsible adult to transport him or her home from the center and to remain with him or her for twenty-four (24) hours, if required by the health care provider.*
- ❖ *For informing the health care provider about any Advance Directive, living will or medical power of attorney that may affect the care provided.*
- ❖ *For promptly fulfilling his or her financial obligations for any charges not covered by insurance.*
- ❖ *For being considerate of other patients, health care providers and surgical center personnel and for assisting in the control of noise and other distractions. The patient and family are responsible for the respect of property of others and of the center.*

COMPLAINTS OR GRIEVANCES

*The center sincerely hopes that we meet your expectations and that you are pleased with the care that you receive here. We encourage your suggestions and/or feedback. We would also like to know about any concerns or complaints you may have. Please call and ask to speak with the ASC Director **470.410.8120**.*

If you feel that your concerns and/or complaints have not been handled appropriately and you have concerns about patient safety or quality of care, you may contact:

Facility Complaint:

State of Georgia Board
Dept of Community Health
Attn: Complaints Unit
2 Peachtree Street NW
Suite 31-447
Atlanta, GA 30303-3142
(404) 657-5726

Physician Complaint:

Georgia Composite Medical
Board – Enforcement Unit
2 Peachtree Street NW
36th Floor
Atlanta, GA 30303
(404) 657-6494
<http://medicalboard.georgia.gov>

Nursing Complaint:

Professional Licensing Board
Georgia Board of Nursing
237 Coliseum Drive
Macon, GA 31217
(478) 207-2440
<https://secure.sos.state.ga.us>

*All **Medicare beneficiaries** may also file a complaint or grievance with the Medicare Beneficiary Ombudsman.*

Visit the Ombudsman's webpage at:

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

OWNERSHIP DISCLOSURE

THE OWNERS OF THE CENTER ARE

- ❖ *Eugene B. Gabianelli & Associates, LLC*
- ❖ *Eugene Gabianelli, MD*
- ❖ *SCP Eyecare Services, LLC, d/b/a EyeSouth Partners*

All directly have financial interests and ownership in the Center.

You have the right to choose your provider and where your procedure is performed. For any questions or concerns, please feel free to contact your physician.

ADVANCE DIRECTIVE

ADVANCED DIRECTIVE

You have the right to submit an Advanced Directive. All patients have the right to make advance directives or to execute powers of attorney that authorize others to make decisions on the patient's behalf based on their expressed wishes when unable to make or communicate decisions. This Center respects and upholds those rights.

Documentation in a prominent part of the patient's current medical record indicates whether or not the individual has executed an advance directive.

However, unlike an acute care hospital setting, most procedures performed in this facility are minimal risk. Of course, no surgery is without risk, and you will discuss procedure specifics (risks, recovery, after-care) with your physician. Therefore, it is our policy, regardless of the contents of any advance directive or instructions from a healthcare surrogate, attorney-in-fact, or holder of a healthcare provider, that if an adverse event occurs during your treatment at the Center, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or healthcare power of attorney.

For further clarification, please request to speak with the Center's Clinical Director at the main ASC number, (470) 410-8120.

CARING CONNECTIONS

You have the right to access the Advance Health Care Directive described in Caring Connections, a national program of the National Hospice and Palliative Care Organization (NHPCO).

This program, aimed at improving care at the end of life, includes:

- ❖ Instructions for completing the Georgia Advance Directive for Healthcare*
- ❖ Learning options for end-of-life services and care*
- ❖ How to make sure that your wishes are honored*
- ❖ How to tell your family, friends, and healthcare providers about your decision*
- ❖ How to participate in personal and community efforts to improve end-of-life care*
- ❖ A copy of the Georgia Durable Power of Attorney for Healthcare*

This information is available on the Caring Connections website: <https://www.caringinfo.org/?s=georgia>

Upon request, you, your representative, or your surrogate, can obtain a copy of your Georgia's Advance Directive form at the Center.