

**YOUR WELL BEING AND HEALING ARE PRIMARY CONCERNS AND WE BELIEVE THAT A POSITIVE SURGICAL EXPERIENCE IS A RESPONSIBILITY THAT IS SHARED BY YOU AND YOUR HEALTHCARE PROVIDERS.**

**YOU HAVE THE RIGHT TO:**

- Request and receive information about patient rights, responsibilities and ethics.
- Know that physicians practicing at this facility have no financial interest in the Surgery Center; it is a subsidiary of Northside Hospital.
- Request and receive considerate and respectful care that recognizes your cultural, psychosocial, spiritual and personal values, beliefs and preferences.
- Request an identified surrogate decision-maker, as allowed by law, when you cannot make decisions about your own care.
- Know that it is the policy of this facility to reserve the right to decline to implement elements of an advance directive on the basis of conscience and/or based on the definition of an ambulatory surgery center under Georgia State law Chapter 290-5-33-.01(a). These certain elements of Advance Directives include requests for a “NO CODE” or non-resuscitation if a circumstance should occur necessitating these measures while undergoing a procedure in our facility. Life support measures will be given to all patients should a life threatening emergency occur and those patients will be transported by ambulance to Northside Hospital when stable enough to do so. If you are interested in more information regarding advance directives you may contact your lawyer, or you may access the following website for more information concerning Advance Directives in Georgia:  
<https://aging.georgia.gov/sites/aging.georgia.gov/files/GEORGIA%20ADVANCE%20DIRECTIVE%20FOR%20HEALTH%20CARE-2016.pdf>
- You, your family and/or surrogate decision maker have the right to request, and as appropriate and allowed by law, to be involved in care, treatment, and service decisions, including the assessment and treatment of your pain.
- Request an environment that preserves dignity and contributes to a positive self-image, including room accommodations as available, reasonable, and medical appropriate.
- Request and receive privacy and confidentiality as reasonable and appropriate under the circumstances.
- Request visitor, telephone and mail services, as reasonable available and appropriate within the center setting.
- Request free, qualified medical interpretation service as reasonable if you have special communication needs due to vision, speech, hearing, language or cognitive barriers or impairments.
- Request, in a timely manner, the name of the physician primarily responsible for your care, treatment and services and the name of the physician or other practitioner) performing your care, treatment and services.
- Request a change in providers of care, if other qualified providers are available.
- Right to consult with another physician or specialist, including a pain specialist.
- Right to informed consent for certain care, treatment and services provided to you, and the right to refuse to participate in research programs and the recording or filming of your procedure for internal/external purposes.
- Right to rescind consent of care, treatment and services provided including your participation in research programs and/or filming or recording for internal or external purposes.
- You and, when appropriate, your family have the right to be informed about the outcomes of care, treatment and services including unanticipated outcomes.
- You or your surrogate decision maker have the right to accept or refuse medical or surgical treatment for you to the extent permitted by law and hospital policy, including foregoing or withdrawing life-sustaining treatment or withholding resuscitative services, in accordance with law and regulation.
- Right to request access, request amendment to and receive an accounting of disclosures regarding your own health information as permitted under applicable law, including current information concerning your diagnosis, treatment and prognosis (Health Information Portability & Accountability Act 1996).
- You and your family have the right to request an ethics consultation to assist in resolving any ethical issues, concerns or dilemmas regarding our care, treatment and services.
- All patients have the right to be free from physical and mental abuse and corporal punishment.
- Freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment or services.

- Request an itemized and detailed explanation of Surgery Center charges for services rendered and to be provided with financial counseling free of charge, as appropriate.
- Northside Hospital and Advanced Surgery Center - Perimeter strive to provide satisfactory care, however if you have a concern that you feel was not satisfactorily addressed, you have the right to contact a patient relations representative. You also have the right to file a concern with the Georgia Department of Human Resources. You may reach them at 404-657-5728 or by mail at 2 Peachtree Street NE, 33<sup>rd</sup> Floor, Atlanta, GA 30303. You may also contact Accreditation Association for Ambulatory Health Care, Inc. (AAHC) at <https://www.aaahc.org/en/my-care/Feedback-about-an-accredited-organization/>
- You may also address any concerns or complaints you may have at the following website <https://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home.html>

### IMPORTANT PHONE NUMBERS

**Advanced Surgery Center - Perimeter - 404-843-3478**  
**Northside Hospital - 404-851-8000**

**Facility Administrator, Joseph D'Agostino**  
**Patient Relations - 404-851-8904**

### YOUR RESPONSIBILITIES AS A PATIENT

In order to create a partnership that will improve your care, we ask that you give careful consideration of your responsibilities to:

- Provide to the best of your knowledge, accurate and complete information about your care, treatment or series provided for you.
- Ask questions if you do not understand any aspect of your care, treatment or services provide for you.
- Cooperate with your doctor, nurse or other caregivers.
- Follow the written and verbal instructions given to you by your doctor and the nurses.
- Report changes in your condition or anything you think might be a risk to you.
- Ask the doctor or nurse what to expect regarding the pain you might experience post operatively
- Take responsibility for the outcome if you decline or refuse to follow the recommended guidelines and instructions you are given.
- Show respect and consideration for others.
- Respect the privacy rights of others. Photographs, films and video, and voice recordings of the other patients or staff are not permitted.
- Follow the policies and regulations of the Surgery Center.
- Fulfill the financial obligations of receiving care, including accepting financial responsibility for any consultations with other specialists.
- Request interpretation services when necessary.
- Accurately report any allergies to your physician and the staff.
- Be sure you understand any prescriptions given to you - what the medication is for and how you should take it.
- Ask questions about any new medication prescribed to you, and take only the recommended timely doses as prescribe to you.
- Clarify and verify with your surgeon what surgery is to be done and what the expected outcome will be.
- Research the surgery you are scheduling and ask questions to clarify any questions you may have.
- Speak up if you have questions or concerns-all your questions should be answered prior to your surgery.

### ***Acknowledgement of Receipt of YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT***

Patient Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**YOU WILL BE GIVEN A PAPER VERSION OF THESE RIGHTS AND RESPONSIBILITIES ON THE DAY OF YOUR PROCEDURE TO SIGN AND TO SERVE AS AN ACKNOWLEDGEMENT OF YOUR RECEIPT AND UNDERSTANDING OF THESE. THIS SIGNED ACKNOWLEDGEMENT WILL BECOME PART OF YOUR PERMANENT MEDICAL RECORD AT ADVANCED SURGERY CENTER- PERIMETER.**