

OVERLAND PARK SURGERY CENTER
10601 Quivira Road, Suite 100 • Overland Park, KS 66215
(913) 894-7260

PATIENT NOTIFICATION

DISCLOSURE OF OWNERSHIP

- Your Physician has a financial interest in Overland Park Surgery Center.
- Your Physician does NOT have a financial interest in Overland Park Surgery Center.

PATIENT RIGHTS:

The basic rights of human beings are of great importance.

1. The right to impartial access to treatment or accommodations that is available or medically indicated.
2. The right for independent expression.
3. The right for independent decision and action.
4. The right for independent personal dignity.
5. The concern for personal relationships.

During sickness, no matter how minor it may seem to medical and nursing staff, the absence or presence of these factors are of vital importance and may become the deciding factor in the survival or recovery of the patient. It is the facility's primary responsibility to assure that these factors are preserved for their patients.

The following basic, rights and responsibilities of patients are considered reasonably applicable to all hospitals and surgery centers. The patient may exercise his rights without being subject to discrimination or reprisal.

Access to Care

Individuals shall be accorded impartial access to treatment or accommodations that are available or medically indicated regardless of race, creed, sex, national origin, religion, or sources of payment for care.

Respect and Dignity

The patient has the right of considerate, respectful care at all times and under all circumstances, with recognition of his personal dignity. The patient has the right to be free from mental and physical abuse. Should this right be violated, the facility must notify the Kansas Department of Health and Environment within five (5) business days and the Kansas Department of Health and Environment immediately.

Privacy and Confidentiality

The patient has the right, within the law, to personal and informational privacy, as manifested by the right to:

- Refuse to talk with or see anyone not officially connected with the facility, including visitors, or persons officially connected with the facility but who are not directly involved in their care.
- Wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
- Be interviewed and examined in surrounding designed to assure reasonable audiovisual privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment, or procedure performed by a health professional to the opposite sex, and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.
- Expect that any discussion or consultation involving their case will be conducted discreetly, and that individuals not directly involved in their care will not be present without his permission.
- Have their record kept confidential and private. Written consent by the patient must be obtained prior to release of information except to persons authorized by law. If the patient lacks capacity, written consent is required from the patient's health care decision maker.
- Have their medical record read only by individuals directly involved in their treatment or the monitoring of its quality, and by other individuals only on their written authorization or that of their legally authorized representative.
- Expect all communications and other records pertaining to their care, including the source of payment for treatment to be treated as confidential.
- Be placed in protective privacy when considered necessary for personal safety.

Personal Safety

The patient has the right to expect reasonable safety insofar as the facility practices and environment are concerned.

Identity

The patient has the right to know the identity and professional status of individuals providing service to him, and to know which physicians or other practitioner is primarily responsible for their care. This includes the patient's right to know of the existence of any professional relationship among individuals who are treating him/her, as well as the relationship to any other healthcare or educational institutions involved in their care. Participation by patients in clinical training programs or in the gathering of data for research purposes should be voluntary.

Information

The patient has the right to obtain from the practitioner responsible for coordinating their care, complete and current information concerning their diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to a legally authorized individual.

Communication

The patient has the right of access to people outside the facility by means of visitors, and by verbal and written communication.

When the patient does not speak or understand the predominant language of the community, he/she should have access to an interpreter.

Consent

The patient has the right to be involved in the decision making of all aspects of their care. The patient has the right to reasonably informed participation in decisions involving their healthcare. To the degree possible, this should be based on a clear, concise explanation of his condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. The patient should not be subjected to any procedure without his/her voluntary, competent, and understanding consent, or that of their legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed.

The patient has the right to know who is responsible for authorizing and performing the procedure or treatment.

The patient shall be informed if the facility proposes to engage in or perform human experimentation or other research/educational projects affecting their care or treatment, and the patient has the right to refuse to participate in any such activity.

Pain

The patient has the right to have appropriate assessment and management of pain.

Consultation

The patient, at his/her own expense, has the right to consult with a specialist.

Refusal of Treatment

The patient may refuse treatment to the extent permitted by law. When refusal of treatment by the patient of his/her legally authorized representative prevents the provision of appropriate care in accordance with ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice.

A patient has the right to change primary or specialty physicians or dentist if other qualified physicians or dentists are available.

Transfer and Continuity of Care

A patient may not be transferred to another facility unless they have received a complete explanation of the need for the transfer and the alternatives to such a transfer, and unless the transfer is acceptable to the other facility. The patient has the right to be informed by the responsible practitioner or their delegate of any continuing health care requirements following discharge from the facility.

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PATIENT NOTIFICATION

Facility Charges

Regardless of the source of payment for his/her care, the patient has the right to request and receive an explanation of their total bill for services rendered in the facility. The patient has the right to timely notice prior to termination of his/her eligibility for reimbursement by any third party for the cost of their care.

Facility Rules and Regulations

The patient should be informed of the facility rules and regulations applicable to their conduct as a patient. Patients are entitled to information about the facility's mechanisms for the initiation, review, and resolution of patient complaints.

PATIENT'S RESPONSIBILITIES:

Provision of Information

A patient has the responsibility to provide, to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health. They have the responsibility to report unexpected changes in their condition(s) to the responsible practitioner. A patient is responsible for making it known whether they clearly comprehend a contemplated course of action and what is expected of them.

Compliance with Instructions

A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for their care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioners orders, and as they enforce the applicable facility rules and regulations. The patient is responsible for keeping appointments and, when is unable to do so for any reason, for notifying the practitioner or the facility.

Refusal of Treatment

The patient is responsible for their actions if they refuse treatment or do not follow the practitioner's instructions.

Facility Charges

The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

Facility Rules and Regulations

The patient is responsible for following facility rules and regulations affecting patient care and conduct.

Respect and Consideration

The patient is responsible for being considerate of the rights of other patients and facility personnel and for assisting in the control of noise, smoking and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the facility.

ADVANCE DIRECTIVE NOTIFICATION:

In the state of Kansas, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Power 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 communicate decisions. The Overland Park Surgery Center respects and upholds those rights.

However, unlike in an acute care hospital setting, the Overland Park Surgery Center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, 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. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

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.

PATIENT COMPLAINT OR GRIEVANCE

Patient complaints or grievances may be filed through the Kansas Department of Health and Environment. Please send your complaint or grievance to:

Kansas Department of Health and Environment
Attn: Hospital Program
1000 SW Jackson, Suite 200
Topeka, Kansas 66612
800-842-0078 (in Kansas)
785-296-0131 (all other states)

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at: www.cms.hhs.gov/center/ombudsman.asp.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS

BY: _____ DATE _____
(Patient/Patient Representative Signature)