

JEFFERSON AMBULATORY SURGERY CENTER

2701 LAKE VILLA DRIVE, STE. B, METAIRIE, LA 70002 (504) 274-3100

PATIENT RIGHTS:

At Jefferson Ambulatory Surgery Center (JASC) the patient has the right to:

- Be informed of his/her rights in advance of, receiving care. The patient may appoint a representative to receive this information should he/she so desire.
- Exercise these rights without regard to sex, cultural, economic, education, religious background, physical handicap, or the source of payment for care.
- Considerate, respectful, and dignified care, provided in a safe environment, with protection of privacy, free from all forms of abuse, neglect, harassment, and/or exploitation.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- Appropriate assessment and management of pain.
- Know of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see them. The patient has a right to request a change in providers if other qualified providers are available.
- Receive complete information from his/her physician about his/her illness, course of treatment, alternative treatments, outcomes of care (including unanticipated outcomes), and prospects for recovery in terms that he/she can understand.
- Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.
- Participate in the development and implementation of his/her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Receive a copy of a clear and understandable itemized bill and receive an explanation of his/her bill regardless of source of payment.
- Know which facility rules and policies apply to his/her conduct while a patient.
- Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- The patient has the right to be advised as to the reason for the presence of any individual involved in his /her health care.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay at the facility.
- In the case of pediatric patients, a parent or guardian is to remain in the facility for the duration of the patient's stay in the facility.
- The patient's written permission will be obtained before medical records can be made available to anyone not directly concerned with their care.

- Access information contained in his/her medical record within a reasonable time frame.
- Receive information in a manner that he/she understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and, as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment.
- Be informed by his/her physician or a delegate, thereof, of the continuing healthcare requirements following their discharge from the facility.
- Be informed if Medicare eligible, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly.
- Receive upon request, prior to treatment, a reasonable estimate of charges for medical care.

PATIENT RESPONSIBILITIES:

- It is the patient's responsibility to read and understand all permits and / or consents to be signed: ask for clarification of any information not understood about your care or services.
- It is the patient's responsibility to answer all medical questions truthfully, including complete information about symptoms, past illnesses, medications, and other matters relating to care plan.
- It is the patient's responsibility to notify the ASC on admission if pre-operative instructions have not been followed.
- It is the patient's responsibility to provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours unless exempted from that requirement by the attending physician.
- It is the patient's responsibility to follow all post-operative instructions.
- It is the patient's responsibility to assure all payments for services rendered are on a timely basis, regardless of insurance coverage.
- It is the patient's responsibility to provide accurate financial and / or insurance information.
- It is the patient's responsibility to notify the Administrator of the ASC if the patient or the patient's representative thinks his rights have been violated.
- It is the patient's responsibility to respect the rights of other patients and ASC personnel.
- It is the patient's responsibility to inform the facility about the patients Advance Directive.
- It is the patient's responsibility to follow 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.

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ADVANCE DIRECTIVE NOTIFICATION:

In the state of Louisiana, all patients have the right to participate in their own health care decisions and to make Advanced 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. Jefferson Ambulatory Surgery Center respects and upholds those rights. However, unlike in an acute care hospital setting, the Surgery Center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be 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.

Patients may present an Advanced Directive; however, it is the policy of this facility that it will always attempt to resuscitate a patient and transfer that patient to a hospital in the event of deterioration. The Advanced Directive is kept in your medical record and will be supplied to the receiving facility in the event of a transfer. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance to your wishes, Advance Directive, or Healthcare Power of Attorney.

If a patient is adjudged incompetent under the state's laws, the rights of the patient are exercised by the person appointed and or the legal representative designated on the patient's behalf. The center will accept a Court appointed Guardian, Dual Power of Attorney, or a Health Care Surrogate.

Your agreement with this facility's policy will not revoke or invalidate any current health care directive or healthcare power of attorney. If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

If you wish to complete an advance Directive, copies of the official state forms are available at our facility or you may obtain a copy via the state's website:

<http://www.caringinfo.org/UserFiles/File/Louisiana.pdf>

DISCLOSURE OF OWNERSHIP

I understand that JASC is owned by a number of local physicians, one of whom may be my doctor. These physicians have become owners of JASC as a result of their commitment to quality healthcare and service to their patients.

I understand that as an alternative to receiving care at JASC, I may choose another facility for the services I presently require, but voluntarily elect to receive care at JASC.

The following doctors have financial interest:

Dr. Samuel Alexander	Dr. Alois Binder
Dr. John Burvant	Dr. Vernon Carriere
Dr. Brandon Donnelly	Dr. Jonathan Finney
Dr. Timothy Finney	Dr. Joseph Finstein
Dr. Charles Haddad	Dr. Gregor Hoffman
Dr. Paul Hubbell	Dr. Jeffery Sketchler
Dr. Alexis Waguespack	Dr. Joseph Zavatsky
Dr. Michael Zeringue	

PATIENT COMPLAINT OR GRIEVANCE:

Our goal is to provide the level of care that we would want for our loved ones and ourselves. Your feedback is important to us, so that we can make changes as needed in order to continue to provide a safe environment and quality patient care. Please express any complaints or concerns to a staff member or directly to our administrator.

Jefferson Ambulatory Surgery Center's Administrator, Jessica Cashio, may be reached at (504) 274-3100. The administrator reviews all complaints and it is her goal to address any concerns within 72 hours of receipt. She will send a written notice within 14 days to address steps taken to investigate your grievance, results of the grievance process, along with the decision made based on your concerns.

You have the right to a fair, fast, and objective review of any complaint you have regarding your health care.

Patient complaints or grievances may be filed through the State of Louisiana at 1-866-280-7737 or (225)342-2205, via their website: www.dhh.louisiana.gov/offices/?id=112 to download a complaint form, or by writing to the address below:

Department of Health and Hospitals
ASC Program Manager
P.O. Box 3767
Baton Rouge, Louisiana 70821-3767

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

Visit the Ombudsman website at:

<http://www.medicare.gov/claims-and-appeals/index.html>

For additional information regarding patient rights, responsibilities, advance directives, or health/safety you may visit: www.safecarecampaign.org

Comments/Questions: _____

Patient Signature: _____

Date: _____

Witness: _____