



FINANCIAL INTEREST

___ My physician has a financial interest in this facility.

___ My physician does not have a financial interest in this facility.

PATIENT RIGHTS - THE PATIENT HAS THE RIGHT TO:

- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Express grievances/complaints and suggestions at any time.
- Be given assistance in changing primary care or specialty physicians if other qualified physicians are available.
- Provide patient access to and/or copies of his/her medical records.
- Be informed as to the facility's policy regarding advance directives/living wills.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English. The facility presents information in a manner and form, such as TDD, large print materials and interpreters, that can be understood by hearing and sight impaired individuals.
- Have an assessment and regular assessment of pain.



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- Education of patients and families, when appropriate, regarding their roles in managing pain, as well as potential limitations and side effects of pain treatment, if applicable.
- Have their personal, cultural, spiritual and/or ethnic beliefs considered when communicating to them and their families about pain management and their overall care.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- To change providers if other qualified providers are available.

If a patient is adjudged incompetent under applicable State health and safety 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 designated by the patient in accordance with State laws may exercise the patient's rights to the extent allowed by state law.

PATIENT RESPONSIBILITIES - THE PATIENT HAS THE RESPONSIBILITY TO:

- Be considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respect the property of others and the facility.
- Ask questions if he or she does not clearly understand preoperative and/or postoperative instructions.
- Follow all instructions given by preoperative or postoperative instructions.
- Provide appropriate cases for contact lenses, glasses and/or dentures or bridgework.
- Notify physician if my condition changes prior to surgery.
- Bring all insurance information, including identification cards and government approved identification.
- Arrive at least one (1) hour prior to scheduled surgery, unless otherwise instructed by nursing staff.
- Wear loose, comfortable clothing.
- Leave jewelry and other valuables at home.
- Bring a responsible party who is at least eighteen (18) years of age who will stay at the Center during the surgical procedure, drive him/her home, and stay with him/her twenty-four (24) hours post surgery.
- Keep appointments and, when unable to do so for any reason, notifying the facility and physician.
- Provide care givers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.
- Observe prescribed rules of the facility during his or her stay and treatment and, if instructions are



not followed, forfeiting the right to care at the facility and is responsible for the outcome.

- Promptly fulfill his or her financial obligations to the facility.
- Pay the facility for copies of medical records the patient may request.
- Identify any patient safety concerns.
- Provide accurate and complete information regarding over the counter products/dietary supplements and allergies/sensitivities.
- Follow the treatment prescribed by your provider.
- Be respectful of healthcare providers and staff, as well as other patients.

ADVANCE DIRECTIVE NOTIFICATION

In the State of North Carolina, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers 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 Orthopaedic Surgery Center of Asheville (OSCA) respects and upholds those rights.

However, unlike in an acute care hospital setting, the OSCA 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 your 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/GRIEVANCE POLICY

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the Raymond D. Noid, Facility Administrator, by phone at 828-225-0861 or by mail at:

OSC - Asheville, 34 Granby St., Asheville, NC 28801

You may also contact AAAHC by mail at:
Accreditation Association for Ambulatory Health Care, INC.

5250 Old Orchard Road, Suite 200
Skokie, Illinois 60077

E-mail: info@AAHC.org
Tel: 847-853-6060

Complaints and grievances may also be filed through the State of North Carolina

DHHS, Division of Health Service Regulation
Complaint Intake Unit

2711 Mail Service Center
Raleigh, NC 27699-2711

Website: www.ncdhhs.gov/dhsr
Tel: 800-624-3004 OR 919-855-4500

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