Memorial Hermann Surgery Center Katy

23920 Katy Freeway, Suite 200 Katy, TX 77494 (281) 644-3200

- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeit of care at the facility.
- Promptly fulfilling his or her financial obligations to the facility.
- Identifying any patient safety concerns.

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at (281) 644-3200 or by mail at:

Memorial Hermann Surgery Center Katy

23920 Katy Freeway, Suite 200 Katy, TX 77494

Complaints and grievances may also be filed through: Health Department Health Facility Compliance 1000 W. 49th Street Austin, TX 78756 (512) 834-6650

OR

State of Texas, CMS Regional Office 1301 Young Street, Room 833 Dallas, TX 75202 (214) 767-6301

Medicare beneficiaries may receive information regarding their options under Medicare and their rights and protections by visiting the website for the Office of the Medicare Beneficiary Ombudsman at: www.cms.hhs.gov/center/ombudsman.asp.

ADVANCE DIRECTIVE NOTIFICATION

In the State of Texas, 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. Memorial Hermann Surgery Center, Katy respects and upholds those rights.

However, unlike in an acute care hospital setting, Memorial Hermann Surgery Center, Katy does not routinely perform "high risk" procedures. While no surgery is without risk, most procedures performed in this facility are considered to be of minimal 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 the 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.

DISCLOSURE OF OWNERSHIP

Memorial Hermann Surgery Center, Katy is proud to have a number of quality physicians invested in our facility. Their investment enables them to have a voice in the administration of policies of our facility. This involvement helps to ensure the highest quality of surgical care for our patients. Your physician <u>does /does not</u> (circle as appropriate) have a financial interest in this facility.

y signing this document, I acknowledge that I have and understand its contents:	
Patient/Patient Representative Signature	Date