

ARKANSAS SPECIALTY SURGERY CENTER

ASSC recognizes that the patient's confidence is strengthened if he/she believes that this facility is operated in recognition of his/her basic rights and responsibilities which are delineated as follows:

PATIENT'S RIGHTS

- *The patient has the right to considerate; respectful care at all times and under all circumstances with recognition of his/her personal dignity, values and beliefs.
- *No Person in the United States shall on the grounds of race, color, color, or national origin be excluded from participation in, be denied the benefits of or be subjected to discrimination under any program or activity receiving federal financial assistance (Title VI of the Civil Rights Act of 1964)
- *The patient has the right to be informed of the "Patient's Rights" in advance of furnishing or discontinuing patient care whenever possible.
- *The patient has a right to file a grievance and be informed of the process to review and resolve the grievance.
- *The patient has the right to participate in the development and implementation of his/her plan of care.
- *The patient or his/her representative has the right to make informed decisions regarding his/her care.
- *The patient has the right to make informed decisions regarding his/her care, including being informed of his/her health status, involved in care planning and treatment and being able to request ore refuse treatment. This right does not mean he/she can demand treatment or services deemed medically unnecessary or inappropriate.
- *The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
- *The patient has the right to have a family member or representative of his/her choice and his/her physician notified promptly of his/her admission to the hospital.
- *The patient has the right to receive care in a safe setting.
- *The patient has the right to personal privacy.
- *The patient has the right to be free of all forms or abuse or harassment.
- *The patient has the right to the confidentiality of his/her clinical records.
- *The patient has the right to access the information contained in his/her clinical records with reasonable notice given.
- *The patient will be informed of the hospital/clinic rules and regulations applicable to his/her conduct as a patient and will be given information about the hospital/clinic mechanism for resolution of patient complaints. Expression of a concern or complaint will not compromise a patient's care of future access to care.
- *The patient has the right to be free of restraints and seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- ***Arkansas Specialty Surgery Center** respects and provides for each patient's rights to pastoral counseling and advance directives.

PATIENT RESPONSIBILITIES

- *The patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health.
- *The patient is responsible for following the treatment plan recommended by the practitioner for his/her care. This may include following instruction of the nursing and allied health personnel, as they carry out the coordinated plan of care from the physician and enforce applicable hospital rules and regulations.
- *The patient is responsible for his/her own actions, if he/she refuses treatment and does not follow the attending physicians' instructions.
- *The patient is responsible for asking questions if he/she does not understand.
- *The patient has the responsibility to discuss pain management options with the physician or nurse, participate in the development of a treatment plan and to notify them if pain is not relieved.
- *The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
- *The patient is responsible for following **Arkansas Specialty Surgery Center** rules and regulations affecting patient care and conduct.
- *The patient is responsible for being considerate of the rights of other patients and hospital personnel, and assisting in control of noise, smoke and the number of visitors. The patient is responsible for being respectful of the property of other persons and this health care facility.

If you have any questions about this notice, please contact:

Arkansas Specialty Surgery Center (ASSC)

Director
6119 Midtown Ave. #101
Little Rock, AR 72205
501-553-9872

For Medicare, you may contact the Medicare Beneficiary Ombudsman for information regarding Medicare options, rights and protection:

<http://www.cms.hhs.gov/ombudsman/resources.asp>

Representative for State Issues: Please contact Health Facility Services
Arkansas Department of Health
5800 West 10th St. Suite 400
Little Rock, AR 72204
501-661-2201

Grievance Process

If you feel that any of your rights have been violated, you may contact the Director of Arkansas Specialty Orthopaedic Surgery and Pain Center at the number listed in this outline. If you feel that your concerns have not been addressed, you may initiate a formal grievance by contacting the Medical Director at:

Medical Director, ASSC
Arkansas Specialty Orthopaedic Center
600 S. McKinley, #300
Little Rock, AR 72205
501-978-2600

A representative will contact you upon receipt of your grievance and the complaint will be investigated. ASSC grievance committee will provide a written response to you within 15 business days of receiving the grievance. The response will include the steps taken to investigate and the results of the process. The letter will also contain the name and telephone number of the contact person for any further correspondence. If you prefer to file a grievance with the state agency directly you may call 501-661-2201.

Complaints

You may file a complaint with ASSC or with the Arkansas Department of Health if you believed that we have not complied with our privacy practices. You may file a complaint with us orally or in writing by contacting the Director listed above.

Medicare Message

Your rights as a patient: You have the right to receive necessary hospital services covered by Medicare or covered by your Medicare Health Plan (Your Plan) if you are a plan enrollee. You have the right to know about any decisions that the hospital, your doctor, your Plan, or anyone else makes about your hospital stay and who will pay for it. Your doctor, your Plan, or the hospital should arrange for services you will need after you leave the facility. Medicare or your plan may cover some care in your home (home health care) and other kinds of care, if ordered by your doctor or by your Plan. You have the right to know about these services, who will pay for them, and where you can get them. If you have any questions, talk to your doctor or Plan or other facility personnel.

Discharge & Medical Appeal Rights

Arkansas Specialty Surgery Center operates an Ambulatory Center. All patients will be discharged to home at the end of the recovery period from their procedure or surgery. In the event that it is medically necessary for you to be transferred to another healthcare facility to obtain ongoing treatment not provided per ASC policy, you will then be obligated to abide by that facilities rules and regulations in regards to discharge.

Your Right to an Immediate Appeal without Financial Risk

When you are advised of your planned date of discharge, if you think you are being asked to leave the hospital too soon, you have the right to appeal to your Quality Improvement Organization (QIO). The QIO is authorized by Medicare to provide a second opinion about your readiness to leave. You may call Medicare toll-free, 24 hours a day, at 1-800-MEDICARE (1-800-633-4227) or TTY/TTD 1-877-486-2048, for more information on asking your QIO for a second opinion. If you appeal to the QIO by noon of the day after you receive noncoverage notice, you are responsible for paying for the days you stay in the hospital during the QIO review, even is the QIO disagrees with you. The QIO will decide within one day after it receives the necessary information.

Medicare Patient Certification

I certify that the information given by me in applying for payment under the Title XVIII of the Social Security Act is correct. I request payment of authorized Medicare benefits to me or on my behalf for any services furnished to me by ASSC, including physician services. I authorize any holder of medical and other information about me to release to Medicare and its agents any information needed to determine these benefits or benefits for related services. I understand that I am responsible for any health insurance deductibles and co-insurance.

Medicare and Champus / ChampVA coverage:

I understand that there are certain items and services for which Medicare or Champus / ChampVA does not pay. Those items include but are not limited to: take home prescriptions, patient convenience items, initial op consultations, etc. Should I incur any of these non-covered charges, I will be responsible for payment.

Other Appeal Rights

If you miss the deadline for filing an immediate appeal, you may still request a review by the QIO (or by your Plan, if you are a Plan enrollee) before you leave the hospital. However, you will have to pay for the costs of your additional days in the hospital if the QIO (or your plan) denies your appeal. You may file for this review at the address or telephone number of the QIO (or of your Plan).

Benefit Assignment

I hereby authorize payment directly to ASSC of the benefits herein specified by the payers on file for my account and otherwise payable to me. I understand that I am financially responsible for the charges not covered by this authorization. Authorization release information: I hereby permit ASOC to release any information requested by payers on file for my account in order to pay for this claim. I request that Medicare, Medicaid, commercial insurance companies, and/or any other party or corporation obligated to do so, pay to any physician, physician group, or professional organization on my behalf under the terms of my policy or contract, for any services provided to me by that physician, physician group or professional organization, while a patient of ASSC.

Release of Information

ASSC may disclose all or any part of the patient's record to any person or corporation which is liable under a contract with ASSC or to the patient, family member, or employer for all or part of the hospital charges including but not limited to hospital or medical service companies, insurance companies, workers compensation carriers, welfare funds or the patients employer. ASSC may utilize information in your medical records that is necessary for research for quality improvement measures.

Personal Valuables

It is understood and agreed that ASSC will not be liable for loss of or damage to any personal property while they are the facility. Personal property includes but it is not limited to the following items: money, jewelry, glasses, bridges, dentures, watches, documents, etc.

Exposure: I consent to laboratory test for hepatitis virus and human immunodeficiency virus (HIV) if an employee has a potential exposure from me.

Physicians

Physicians from Pathology Associates, P.A., Radiology Associates, P.A., and Little Rock Anesthesia are not employees of Arkansas Specialty Orthopaedic Center. The patient's attending physician, surgeon, radiologist, pathologist, anesthesiologist, and any other physician will be billed separately.

ASSC physicians own and have a financial interest in Arkansas Specialty Surgery Center.

Who will follow this notice?

ASSC provides health care to our patients, residents and clients in partnership with physicians, and other professionals and organizations. The information privacy practices in the notice will be followed by:

*Any Health Care professional who treats you at ASSC.

*All employees, staff, or volunteers at our organization, including staff at our sponsor organizations with which we may share information.

*Any business associate or partner with whom we share health information.

How we may use and disclose your health information:

For treatment: We will use your health information to provide your with health care treatment and to coordinate or manage services with other health care providers, including third parties. We may disclose all or any portion of your health information to your attending physician, consulting physicians, nurses, technicians, medical students, or other facility or other health care personnel who have a

legitimate need for such information to take care of you. We may disclose your health information to family members or representatives who are involved with your medical care. We may also disclose your health information to people outside the facility who may be involved in your health care after you leave ASSC.

For Payment

We will use and disclose your health information for activities that are necessary to receive payment of our services, such as determining insurance coverage, billing, payment and collection, claims management and medical data processing. We may also disclose your information to other ancillary health care professionals for payment purposes.

For Health Care Operations

We may disclose your health information for routine facility operations, such as business planning, development, quality review of services provided, internal auditing, accreditation, certification, licensing or credentialing activities, medical research and education for staff and healthcare entities that need the information for operational purposes.

USES AND DISCLOSURES THAT ARE REQUIRED OR PERMITTED BY LAW

Subject to requirements of federal, state and local laws, we are either required or permitted to report your health information for various purposes. Some of these reporting requirements include: Public Health Activities, for reporting or prevention of communicable diseases, injury or disabilities, births or deaths, reporting suspected child abuse or neglect, to report reactions to medications or problems with medical products. Disaster Relief Efforts: We may disclose your health information to an entity assisting in disaster relief effort so that your family can be notified about your condition and location. Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law. These activities may include audits, investigations, inspections, and government programs and compliance with civil rights. Judicial or Administrative Proceeding: We may disclose your health information in response to a court or administrative order, valid subpoena, discovery request or civil or criminal proceedings or other lawful purposes. Law Enforcement: We may release your health information is asked to do so by a law enforcement official: 1) in response to a court order, subpoena, warrant, summons or similar legal process, 2) regarding a victim or death of a victim of a crime in limited circumstances, 3) emergency circumstances to report a crime or victims of the identity, description, or location of the person who committed the crime, including crimes that may not occur at ASSC. Coroners, Medical Examiners: We may release information to a coroner or a medical examiner to identify a person who dies or determine the cause of death. Workers' Compensation: We may release your health information for workers compensation benefits or to similar programs that provide benefits for work related injuries. To Avert Serious Threat to Health or Safety: We may disclose your health information when necessary to prevent serious threat to your health and safety or the health and safety of another person or public. National Security: We may disclose your health information to federal officials for national security activities and for the protection of the President and other Heads of State. Military and Veterans: If you are a member of the armed forces, we may release your information about foreign military personnel to the appropriate foreign military authority. Inmates: If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release your health information to the institution. This release would be necessary 1) for the institution to provide you with health care, or 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the institution.

Other uses of your health information not covered by this notice other laws that apply to us will be made only with written authorization.

Your rights regarding your Health Information: You have the right to Inspect and Copy records that may be used to make decisions about your care. Please submit your request in writing to:

Medical Records
ASSC
6119 Midtown Ave. #101
Little Rock, AR 72205

A fee for processing this request may apply. In limited cases we may deny your request. You may request a review in writing at the address listed above.

Right to Amend: You have the right to request an amendment to your health information that you believe is incorrect or incomplete. Submit your request to the address listed above. Right to Accounting of Disclosures: If you are in need of a paper list of accounting disclosures, please submit your request to the address listed above. Right to Request Restrictions: You have a right to request a restriction or limitation on how much of your health information we use or disclose for treatment, payment or health care operations. We are not required to agree to your request. Submit a request in writing to the address listed above, with information on what

information you want to limit, whether you want to limit our use or disclosure or both, and to whom you want the limits to apply to. Right to Request Confidential Communication: You have the right to request that we communicate with you about your health care matters in a certain way or at a certain location. You must make your request in writing to the Privacy Office. We will accommodate all reasonable requests. Changes to this Notice: ASSC reserves the right to change this notice. We reserve the right make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the ASSC facility. The notice will contain, on the first page in the top right hand corner, the effective date. Each time you register at ASSC for surgery or pain procedures as an outpatient we will offer you a copy of the current notice in effect.