



### **PATIENT RIGHTS**

1. Become informed of your rights as a patient in advance of any procedure or when discontinuing the provision of care. You may appoint a representative to receive this information should you so desire. A list of these rights shall be posted within the surgical center so that such rights may be read by all patients.
2. Exercise these rights without regard to race, sex, cultural, educational or religious background or the source of payment for care given.
3. Receive as much information about any proposed procedure or treatment as needed in order to give informed consent or to decline the source of a procedure or treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, any alternate course of treatment or non-treatment and the risks involved in each and the name of the personal who will carry out the procedure or treatment.
4. Knowledge of the name of the physician and professional staff who have primary responsibility for coordinating your procedure and care and the name and professional relationships of other physicians and non-physicians who will participate in your procedure and care.
5. Receive information from the physician about your medical condition, course of treatment, procedure recommended and prospects for recovery in terms that you can understand.
6. Participate actively in decisions regarding your medical care, and to the extent permitted by law, this includes the right to request and/or refuse a procedure and/or treatment.
7. Receive an Advance Directive form if requested. The ambulatory surgical center is not an acute care facility; therefore, regardless of the contents of any advance directive or instructions from a healthcare surrogate, if an adverse event occurs during your treatment, we will initiate resuscitative or any other stabilizing measures and transfer you to an acute care setting for further evaluation. Any information regarding current healthcare directives or healthcare power of attorney, or living will, will be shared with the facility where you are transferred.
8. Change physicians, if desired, to another physician.
9. Reasonable continuity of care and to know in advance the time and location of appointments for procedure and care as well as the physician performing the procedure and/or providing the care.
10. Reasonable response to any reasonable requests made for service.
11. Be treated with respect, consideration and dignity and to receive considerate and respectful care provided in a safe environment.
12. Be informed by the physician or designee of the continuing healthcare requirements following discharge.
13. Remain free from seclusion or restraints of any form that are not medically necessary and/or that are used as a means of coercion, discipline, convenience or retaliation by staff.
14. Leave the ambulatory surgical center even against the advice of the attending physician.
15. The provision of language assistance services will be provided to the patient at no charge when needed/requested (i.e. sign language interpreter, large print, oral language translation services, etc.) (Outlined in detail in Limited English Proficiency, Speech or Hearing-Impaired Patients Policy.)
16. Expect reasonable safety insofar as the ambulatory surgical center's practice and environment are concerned.
17. Be advised of the ambulatory surgical center's grievance process should you wish to communicate a concern regarding the quality of the care you receive.
18. Notification of the grievance process. This includes: who to contact to file a grievance, that you will be provided with a written notice of the grievance determination that contains the name of the ambulatory surgical center contact person, the steps taken to investigate the grievance, the results of grievance investigation and the grievance completion date.
19. Full disclosure of the privacy policy. Full consideration of your privacy concerning procedures and medical care provided, case discussion, consultation, examination, procedures and treatment are confidential and are conducted discreetly. You have the right to be advised as to the reason for the presence of any individual involved in your healthcare.
20. Confidential treatment of all communications and records pertaining to your care and visits to the ambulatory surgical center. The patient's written permission shall be obtained before medical records are available to anyone not directly concerned with your care unless production is required by law.
21. Access information contained in your medical records within a reasonable timeframe in accordance with state/federal laws and regulations.
22. Obtain information before scheduled surgery about payment requirements of you bill regardless of source of payment. Examine and receive an explanation of your bill regardless of source payment.
23. If eligible for Medicare, to know, upon request and in advance of treatment, whether a healthcare provider and/or facility accesses the Medicare assignment rate.
24. All patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
25. All surgical center personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patients' rights.



### **OWNERSHIP**

I understand that North Atlanta ENT Surgical Center, LLC is owned by Joel A. Hoffman, M.D. and Mark Van Deusen, M.D. I have been given the option of having my surgery at a facility not owned by physicians and choose to have my surgery at North Atlanta ENT Surgical Center.

### **PATIENT COMPLAINTS**

Patients have the right to register a complaint, in writing, to North Atlanta ENT Surgical Center, LLC. *You will not be penalized for filing a complaint.* Please submit complaint to:

Attn: Sarah Stroup, RN  
North Atlanta ENT Surgical Center, LLC  
4150 Deputy Bill Cantrell Memorial Highway Suite 160  
Cumming, GA 30041

If the complaint is not resolved to the patient's satisfaction he/she has a right to file a grievance with the Healthcare Facility Regulation Division, Department of Community Health, Complaints Unit, or Accreditation Association for Ambulatory Health Care for concerns against the surgery center, the Georgia Composite Medical Board concerning the physician or the Professional Licensing Boards Division, Georgia Board of Nursing with concerns against any of the nursing staff. The patient should provide the physician or surgery center name, address and the specific nature of the complaint.

#### **COMPLAINTS AGAINST THE ASC:**

**Healthcare Facility Regulation  
Division  
Department of Community  
Health**  
Attn: Complaints Unit  
2 Peachtree Street, N.W., Suite  
31-447  
Atlanta, Georgia 30303-3142  
P: (404) 657-5726  
P: (404) 657-5728  
P: (404) 647-9639  
OUTSIDE ATLANTA CALLING AREA  
P: (800) 878-6442  
ONLINE:  
[https://services.georgia.gov/dhr/  
reportfiling/searchFacility.do?](https://services.georgia.gov/dhr/reportfiling/searchFacility.do?)

#### **COMPLAINTS AGAINST THE PHYSICIAN:**

**Georgia Composite Medical Board  
Enforcement Unit**  
2 Peachtree Street, N.W., 36<sup>th</sup> Floor  
Atlanta, Georgia 30303  
P: (404) 657-6494  
404) 656-1725  
F: (404) 463-6333  
ONLINE: [https://  
versa.medicalboard.georgia.gov/datamart/  
gadchComplaint.do?from=loginPage](https://versa.medicalboard.georgia.gov/datamart/gadchComplaint.do?from=loginPage)  
MAILED: [http://www2.files.georgia.gov/GCMB/  
Files/CP%20Form%20022010.pdf](http://www2.files.georgia.gov/GCMB/Files/CP%20Form%20022010.pdf)

#### **COCOMPLAINTS AGAINST NURSING STAFF:**

**Professional Licensing Boards Division  
Georgia Board of Nursing**  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
P: (478) 207-2440  
ONLINE:  
[https://secure.sos.state.ga.us/  
myverification/SubmitComplaint.aspx](https://secure.sos.state.ga.us/myverification/SubmitComplaint.aspx)

**ISSUES REGARDING MEDICARE:**  
[www.cms.hhs.gov/center/ombudsman.](http://www.cms.hhs.gov/center/ombudsman)  
asp or call 1-800-MEDICARE

**Changes to this Notice.** We reserve the right to change this notice. A copy of the current notice will be posted in the waiting room. If you have questions about this notice or need further information, please contact: Sarah Stroup at 470-297-0257.