

SURGICAL CENTER FOR EXCELLENCE
PATIENT INFORMATION
PAIN CARE BILL OF RIGHTS

As a person with pain, you have the right to:

- Have your report of pain taken seriously and to be treated with dignity and respect by doctors, nurses, pharmacists, and other healthcare professionals.
- Have your pain thoroughly assessed and promptly treated.
- Be informed by your healthcare provider about what may be causing your pain, possible treatments, and the benefits, risks and costs of each.
- Participate actively in decisions about how to manage your pain.
- Have your pain reassessed regularly and your treatment adjusted if your pain has not been eased.
- Be referred to a pain specialist if your pain persists.
- Get clear and prompt answers to your question, take time to make decisions, and refuse a particular type of treatment if you choose.

ALTHOUGH NOT ALWAYS REQUIRED BY LAW, THESE ARE THE RIGHTS YOU SHOULD EXPECT, AND IF NECESSARY DEMAND, FOR YOUR PAIN CARE.

HOW DO I TALK WITH MY HEALTHCARE PROVIDER ABOUT PAIN?

- Speak up! Tell your doctor, nurse or social worker that you're in pain.
- Tell your doctor, nurse or social worker where it hurts. Do you have pain in one place or several places? Does the pain seem to move around?
- Describe how much your pain hurts. On a scale from 0 to 10, zero means no pain at all and 10 means the worst pain you can imagine.
- Describe what makes your pain better or worse. Is the pain always there, or does it go away sometimes? Does the pain get worse when you move in certain ways? Do other things make it better or worse?
- Describe what your pain feels like. Use specific words like sharp, stabbing, dull, aching, burning, shock-like, tingling, throbbing, deep or pressing.
- Explain how the pain affects your daily life. Can you sleep? work? Exercise? Participate in social activities? Concentrate? How is your mood?
- Tell your doctor, nurse or social worker about past treatments for pain. Have you taken medication or had surgery? Tried massage or meditation? Applied heat or cold? Exercised? Explain what worked and what didn't.

American Pain Foundation
201 N. Charles Street, Suite 710
Baltimore, MD 21201-4111
Toll-Free information line: 888-615-7246
www.painfoundation.org

Please Advise us of Any Dissatisfaction
PATIENT COMPLAINT AND GRIEVANCE POLICY

If you, our patient, have a complaint or a grievance, we have a process available to you.

The purpose of this process is to improve the quality of care and services to our patients and to receive detailed information from you that helps us in our mission. We hope you will tell us of any situation that you are not satisfied with immediately. We certainly expect that you would tell us of any problems within a few weeks of the event that created the dissatisfaction.

The first step of the process is for you to notify any staff member that you come in contact with that you have a complaint. They may be able to immediately resolve the situation. They may have to investigate, but someone will get back with you within two (2) business days to inform you of the investigation and any outcome.

If they are not able to resolve the situation to your satisfaction within up to two days, they will give you a form to begin our formal process to review your comments and conduct an investigation. We will ask you to put in writing your description of the situation and your thoughts on an acceptable outcome and resolution. You will have up to five (5) business days to put this information in writing.

We will communicate with you our findings and our suggested resolution within five (5) business days. If we cannot complete our investigation within five business days because we are waiting on reports or meetings with staff or physician, we will notify you of our progress and the date you can expect further communication from us.

Once we advise you of our findings and resolution, you have rights to appeal. We will outline that process in our written communication to you. Once the grievance reaches the highest level of our leadership team and a decision is rendered, the process is completed.

You have the right to state your concerns to our management staff and leadership group. Please do not hesitate to let us know of any dissatisfaction.

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

The staff of this health care facility recognizes you have rights while a patient receiving medical care. In return, there are responsibilities for certain behavior on your part as the patient. These rights and responsibilities include:

A patient has the right to

- < be treated with courtesy and respect, with appreciation of his individual dignity, and with protection of his need for privacy.
- < a prompt and reasonable response to questions and requests.
- < know who is providing medical services and who is responsible for his care.
- < know what patient support services are available, including whether an interpreter is available if he does not speak English.
- < know what rules and regulations apply to his conduct.
- < be given by his health care provider information concerning diagnosis, a planned course of treatment, alternatives, risks, and prognosis.
- < refuse treatment, except as otherwise provided by law.
- < be given, upon request, full information and necessary counseling on the availability of known financial resources for his care.
- < know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- < receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- < receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- < impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, or source of payment.
- < treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- < know if medical treatment is for purposes of experimental research and to give his consent or refusal to participate in such experimental research.
- < express concerns regarding any violation of patient rights.
- < have the right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.

A patient is responsible for

- < providing to his health care provider, to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his health.
- < reporting unexpected changes in his condition to his health care provider.
- < reporting to his health care provider whether he comprehends a contemplated course of action and what is expected of him.
- < following the treatment plan recommended by his health care provider.
- < keeping appointments.
- < his actions if he refuses treatment or does not follow the health care provider's instructions.
- < assuring that the financial obligations of his health care are fulfilled as promptly as possible.
- < following health care facility rules and regulations affecting patient care and conduct.
- < consideration and respect of the facility staff and property

COMPLAINTS

If you have a question or concern about your rights or responsibilities, please let us know. We want to assure that we provide you with excellent service, including answering your questions and responding to your concerns.

Horacio Rodriguez-Jimenez, MD, Medical Director
Surgical Center for Excellence
202 Doctors Drive
Panama City, FL 32405
850-522-1930

You may also choose to contact the licensing agency of the state,
Agency for Health Care Administration at 1-888-419-3456

If you are covered by Medicare, you may choose to contact the Medicare Ombudsman at:

1-800-MEDICARE (1-800-633-4227) or on line at www.Medicare.gov

Child Abuse. We may release medical information to a government authority authorized by law to receive reports of child abuse or neglect.

YOUR RIGHTS REGARDING MEDICAL INFORMATION WE HAVE ABOUT YOU

Your health record is the physical property of the Surgical Center for Excellence. The information contained in the record, however, belongs to you.

Right to Inspect and Copy. You have a right to inspect and copy Medical Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this medical information you must make your request in writing to the HIPAA Privacy Officer of the Surgical Center for Excellence.

Right to Request Amendment. If you feel that the Medical Information that we have about you is incorrect or incomplete you may ask us to amend the information by requesting, in writing, that an amendment be made. You must provide a reason that supports your request.

Right of Accounting Disclosures. You have the right to obtain a report of certain disclosures we made of Medical Information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the HIPAA Privacy Officer.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Medical Information we use or disclose about you for treatment, payment or health care operations. For example, you may request that a particular procedure be kept confidential and not shared with other providers. You also have the right to request a limit on the Medical Information we disclose to someone involved in your care or the payment for your care, like a family member or friend or when we notify a family member, personal representative or other person responsible for your care to inform them of your location and general condition. We are not required to agree to your requested restrictions. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request a restriction, you must make your request, in writing, to the HIPAA Privacy Officer.

Right to Request Confidential Communication. You have the right to request that we communicate with you about your Medical Information in a certain way or at a certain location within reasonable limits. To request confidential communication, you must make your request, in writing, to the HIPAA Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable request.

Right to Paper Copy of this Notice You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice at our front desk.

Right to Revoke your Authorization You have a right to revoke your authorization to use and disclose Medical Information about you, except to the extent that we have already used or disclosed your Medical Information.

We Reserve the Right to Change this Notice. We reserve the right to change this notice and make the new notice apply to medical information we already have as well as any information we receive in the future. We will post a copy of the current notice in the surgery center. The notice will contain the effective date. Each time you register at the surgery center for health care services, we will offer you a copy of the current notice in effect.

QUESTIONS OR COMPLAINTS

If you have questions and would like additional information, you may contact:

HIPAA Privacy Officer at the Surgical Center for Excellence, 202 Doctors Drive, Panama City, Florida 32405, or by Phone: (850) 522-1930. If you believe your privacy rights have been violated, you can submit a written complaint describing the circumstances surrounding the violation to HIPAA Privacy Officer at the Surgical Center for Excellence, 202 Doctors Drive, Panama City, Florida 32405 Phone (850) 522-1930 or to the Secretary of Health and Human Services in Washington, D.C. You will not be penalized for filing any complaint.

In Summary. Your health and privacy rights will always be our top concerns.



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please Review It Carefully.

Surgical Center for Excellence
202 Doctors Drive
Panama City, FL 32405
Phone: (850) 522-1930
Fax: (850) 522-1940

Effective April 14, 2003

Our Responsibilities Regarding Your Medical Information . . .

- Maintain the privacy of your health information.
- Provide you with this Notice, which informs you of our legal duties and privacy practices with respect to information we collect about you and a revised copy of the Notice if it is amended or otherwise changed.
- Abide by the terms of this Notice that is currently in effect.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests that you have made to have us communicate your health information to you in a certain way or at a certain location.

How We May Use & Disclose Medical Information. Each time you visit us, a record of your visit is made. We may use or disclose the health information contained in this record to certain employees and staff members of the surgery center or certain persons or entities outside the surgery center in certain situations without first obtaining your authorization. The following categories describe the different ways we may use and disclose your medical information. We must obtain your prior written authorization before using or disclosing your medical information in all other situations which are not listed below

Treatment. We may use and disclose medical information for your treatment and to provide you with treatment-related healthcare services. For example, we may disclose medical information to doctors, nurses, technicians, or other surgery center personnel including people outside our office, who are involved in your medical care and need the information to provide your medical care.

Payment. We may use and disclose medical information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your surgery.

Appointment Reminders, Treatment Alternatives, Health Related Benefits and Services. We may use and disclose Medical Information to contact you and to remind you that you have an appointment with us. We also may use and disclose Medical Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Health Care Operations. We may use and disclose medical information for the operations of the Surgical Center for Excellence. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, members of the medical staff, the risk manager or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will be used in a way to improve the quality and effectiveness of the healthcare and services provided.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care.

Notification. Unless you object, we may use or disclose your medical information to notify or assist in notifying a family member, personal representative, or other person responsible for your care of your location and general condition.

As Required by Law. We will disclose medical information about you when required to do so by federal, state or local law.

Avert Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. The Surgical Center for Excellence, however, will only disclose the information to someone able to help prevent the threat.

Organ and Tissue Donation. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Military and Veterans. If you are a member of the armed forces, we may release Medical Information as required by military command authorities. We also may release Medical Information to the appropriate foreign military authority if you are a member.

Business Associates. Some of the services provided at the surgery center are provided by business associates. For example, we contract with certain laboratories to perform lab tests. When we contract for these services, we may disclose your health information to our business associates so that they can perform the job we have hired them to do. To protect your health information, we require our business associates to appropriately safeguard your information.

Workers' Compensation. We may release medical information about you to the extent authorized by and to the extent necessary to comply with the laws relating to workers' compensation or other similar programs established by law.

Public Health Risks. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure and disciplinary action that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

National Security & Intelligence Activities. We may release Medical Information to authorize federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President & Others. We may disclose Medical Information to authorized federal officials that may protect the President and others or to conduct investigations.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner for purposes of identifying a deceased, determining a cause of death, or other duties authorized by law. We may also disclose health information to funeral directors consistent with applicable law to carry out their duties.

Food and Drug Administration. We may disclose to the FDA health information related to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information or to enable product recalls, repairs, or replacement.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

Victims of Abuse, Neglect or Domestic Violence. We may release medical information to a government authority if we reasonably believe that you are a victim of abuse, neglect or domestic violence, to the extent authorized or required by law. We must inform you or your personal representative that we have disclosed information for this purpose unless we believe that telling you or your personal representative would place you in risk of serious harm or otherwise not be in your best interest.

Other Uses of Medical Information Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only upon a specific written authorization that you provide to us. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. The revocation, however, will not have any effect on any action the surgery center took before it received the revocation

PEDIATRIC PATIENT RIGHTS

IN ACCORDANCE WITH HEALTH AND SAFETY CODES, THE CENTER AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING:

1. The right to care and services without regard to sex or culture, economic, educational, or religious background or the source of payment for your child's care.
2. The right for considerate and respectful care.
3. The right to know the name of the physician who has primary responsibility for coordinating your child's care and the names and professional relationships of other physicians who will see your child.
4. The right for the parent/guardian to receive information from the child's physician about the child's illness, his or her course of treatment and his or her prospects for recovery in easy to understand terminology.
5. The right for the parent/guardian to receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved and knowledge of the name of the person who will carry out the procedure or treatment.
6. The right for the patient/guardian to participate actively in decisions regarding the child's medical care. To the extent permitted by law, including the right of the parent/guardian to refuse treatment. The child will be included in all decisions as much as possible dependent on their age and developmental state.
7. The right for full consideration of privacy concerning the child's medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The parent/guardian has the right to know the reason for the presence of any individual.
8. The right to confidential treatment of all communications and records pertaining to the child and their care stay in the Center. The written permission of the parent/guardian shall be obtained before the child's medical records can be made available to anyone not directly concerned with their care.
9. The right to reasonable responses to reasonable requests that the parent/guardian or child may make for services including: (a) explaining to the child that it is all right to be afraid and it is okay to cry; (b) keeping the child with the parents as much as possible within the written policy and guidelines of the Center; and (c) allow the child to keep a favorite toy, blanket or the like with them at all times as appropriate.
10. The right for the parent/guardian to leave the Center with the child prior to the procedure and/or against the advice of the child's physicians. The Center will follow all State and Federal laws with regards to reporting suspected neglect or abuse.
11. The right to reasonable continuity of care and to know in advance the time and location of appointment as well as the physician providing the care.
12. The right to be advised if the Center/personal physician proposes to engage in or perform human experimentation affecting the child's care or treatment. The parent/guardian has the right to refuse to participate in any such research projects.
13. The right to be informed by your child's physician or a delegate of the physician of their continuing health care requirements following discharge from the Center.
14. The right that if you have concerns about the care being provided in this licensed ambulatory surgery center you may file a complaint with the Department of Health during normal work hours. You may also wish to discuss your concerns with the Administrative Director for this facility.

FAMILY RESPONSIBILITY

Parents/family shall have the responsibility for:

1. Continuing their parenting role to the extent of their ability
2. Being available to participate in decision-making and providing staff with knowledge of parents/guardian whereabouts
3. Pre-operatively receive information from the physician an explanation of the procedure, associated alternative treatment, the risks, and projected outcome of surgical procedure.
4. Full consideration of privacy concerning the child's medical care. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Parent/guardian has the right to know the reason for the presence of any individual.
5. Be advised if your child's physician proposes to engage in or perform human experimentation affecting your child's treatment.

Note: A family consists of those individuals responsible for physical and emotional care of the child on a continuous basis regardless of whether they are related.

COMPLAINTS

If you have a question or concern about your rights or responsibilities, please let us know. We want to assure that we provide you with excellent service, including answering your questions and responding to your concerns.

Medical Director

You may also choose to contact the licensing agency of the state,
Agency for Health Care Administration at 1-888-419-3456

If you are covered by Medicare, you may choose to contact the Medicare Ombudsman at:

1-800-MEDICARE (1-800-633-4227) or on line at www.Medicare.gov