

Dear Patient:

We look forward to your upcoming visit at Texas Health Women's Specialty Surgery Center Dallas. It is the policy of the facility to notify you of the following information prior to your arrival for your procedure.

1. Notice of Patients Rights and Responsibilities:
(See attachment)
2. Physician Ownership disclosure:
(See attachment)
3. Insurance and Your Bill
(See attachment)
4. Facility policy regarding Advance Directives includes the following:
 - A. You have the right to make choices regarding life-sustaining treatment, including resuscitative measures.
 - B. We wish to notify you that we do not honor Advanced Directives.
Should there be a need to transfer you to a hospital for additional care measures beyond what the ambulatory facility can provide, your Advance Directive/Living Will/Healthcare Proxy will be honored at the receiving hospital upon your arrival.
 - C. Texas Health Women's Specialty Surgery Center Dallas requests that if you have an Advance Directive/Living Will/Healthcare Proxy, please bring a copy with you so we may place it with your medical record if needed.
 - D. If you do not have an Advance Directive/Living Will/ Healthcare Proxy, you may obtain more information from Caring Connections, 1731 King St. Suite 100, Alexandria, VA 22314, e-mail: www.caringinfo.org, 800-658-8898 or please see the Texas Health and Safety Code Chapter 166 for Advanced Directives for instructions on how to complete one.

Also, someone from the center will be contacting you prior to your arrival at the facility to inform you of your financial responsibility.

We hope you will find your stay and the care you receive at Texas Health Women's Specialty Surgery Center Dallas a pleasant experience.

If you have questions, please contact:

PATIENT RIGHTS AND RESPONSIBILITIES

We observe and respect a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values of belief systems.

YOU HAVE THE RIGHT TO:

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment of services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the center to disclose, when applicable, physician financial interest or ownership in the center.
- Receive assistance when requesting a change in primary or specialty physicians if other qualified physicians are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned and to refuse, treatment or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse and human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the center. Including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information of disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the center's policy regarding advance directives/living will. Expect the center to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the center's payment policies.
- Be free from restraints of any form that are not medically necessary or used as a means of coercion, discipline, convenience or retaliation by staff.
- Expect the center to establish a process for prompt resolution of patients' grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided on this form.

YOU ARE RESPONSIBLE FOR:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the center.
- Identifying any patient concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to transport you home from the center and remain with you for 24 hours if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the center and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in you condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- Payment to center for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

You may contact the following entities to express and concerns, complaints or grievances you may have:

CENTER VICKI SCHULTZ
ADMINISTRATOR
214-345-6747

MEDICARE OFFICE OF THE MEDICARE
BENEFICIARY OMBUDSMAN

www.cms.hhs.gov/center/ombudsman.asap

STATE AGENCY DEPARTMENT OF
STATE HEALTH
SERVICES
FACILITY LICENSING
GROUP
1100 WEST 49TH ST.
AUSTIN TX 78756
888-973-0022