

LIMESTONE SURGERY CENTER

PATIENT RIGHTS

The patient has the right to:

1. become informed of his/her rights as a patient in advance of, or when discontinuing, the provision of care. The patient may have a family member or representative of his/her choice be involved in his/her care.
2. exercise these rights without regard to race, sex, cultural, educational or religious background or the source of payment for care.
3. be treated with respect, consideration and dignity in a safe environment free from all forms of abuse or harassment.
4. remain free from seclusion or restraints of any form that are not medically necessary.
5. coordinate his/her care with physicians and healthcare providers and be provided, to the degree known, complete information concerning their diagnosis, evaluation, prognosis and any proposed treatment or procedures as needed to give informed consent or to refuse treatment. This information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment, non-treatment and the risks involved.
6. full consideration of patient privacy concerning consultation, examination, treatment and surgery.
7. confidential treatment of all communications, disclosures and records pertaining to patient care; patients will be given the opportunity to approve or refuse their release except when release is required by law. Patient will have access to information in the medical record within reasonable time frame (48 hours).
8. leave the facility even against medical advice.
9. be informed about procedures for expressing suggestions, complaints and grievances including those required by state and federal regulations.
10. be informed by physician or designee to the continuing healthcare requirements after discharge.
11. examine and receive an explanation of the bill regardless of source of payment.
12. have all patient's rights apply to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
13. interpretive services if needed.
14. be informed regarding: patient conduct and responsibilities, services available at the surgery center, provisions for after-hours and emergency care, fees for services, payment policies, right to refuse participation in experimental research, charity and indigent care policy, charges for services not covered by third-party payors, and credentials of health care professionals.

PATIENT RESPONSIBILITIES

The patient has the responsibility to:

1. provide complete and accurate information concerning present complaints, past illnesses, hospitalizations, other health issues, all medications.
2. make it known whether the planned surgical procedure/treatment risks, benefits and alternative treatments have been explained and understood.
3. follow the treatment plan established by the physician, including instructions by nurses and other health care professionals, given by the physician.
4. keep appointments or notify the facility in advance if unable to do so.
5. accept full responsibility for deciding to refuse treatment and/or not follow directions.
6. fulfill the financial obligations of his/her care as promptly as possible.
7. be respectful of all the health care providers and staff, as well as other patients in the facility and follow facility policies and procedures.
8. notify the staff if they have any safety concerns or feel their privacy is being violated.
9. provide a responsible adult to transport him/her from the surgery center and remain with him/her for 24 hours, if required by his/her provider.
10. inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.

PATIENT COMPLAINTS

Patients have the right to register a complaint, in writing, to the Administrator of Limestone Surgery Center. Please submit complaint to:

ATTN: Stephanie Tice
Limestone Surgery Center
2406 Lighthouse Manor Drive, Suite B
Gainesville, Georgia 30501

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 (AAAHC) 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, and 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: (800) 878-6442

ONLINE:
<https://dch.georgia.gov/divisionoffices/healthcare-facility-regulation/facility-licensure/hfr-file-complaint>

AAAHC

P: (847) 853-6060
F: (847) 853-9028

E-mail: info@AAAHC.org

ONLINE FORM:
https://www.aaahc.org/uploads/2021/03/Complaint-Concern-Form-_3.5.21.pdf

COMPLAINTS AGAINST THE PHYSICIAN:

Georgia Composite Medical Board
Enforcement Unit
2 Peachtree Street, N.W., 6th Floor
Atlanta, Georgia 30303

P: (404) 657-6494
F: (404) 463-6333

ONLINE FORM:
<https://medicalboard.georgia.gov/how-file-professionals-complaint>

COMPLAINTS AGAINST NURSING STAFF:

Professional Licensing Boards Division
Georgia Board of Nursing
3920 Arkwright Rd. Suite 195
Macon, Georgia 31210
P: (404)424-9966

ONLINE FORM:
<https://goals.sos.ga.gov/GASOSOneStop/s/submit-complaint>

ISSUES REGARDING MEDICARE:
<https://www.medicare.gov/providers-services/claims-appeals-complaints/complaints>

or call 1-800-MEDICARE

I verify I have received and understand the information regarding Patient Rights and Responsibilities, Patient Privacy and Grievance Procedures.

Patient/Guardian Signature

Relationship to Patient

Date/Time