HMU Surgical Center, LLC
Patient Pre-Procedure Information

You have selected the HMU Surgical Center (HMU ASC), a fully licensed ambulatory surgery center for your health care services. In order to provide the highest quality of care and communication to our patients, we are providing you with written notification of the following:

HMU ASC PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

- ✓ Respectful, considerate and dignified care given by competent personnel with consideration of their privacy regarding their medical care; to be in a safe environment free from harassment, fear of reprisal, abuse or other threats from anyone to include staff;
- ✓ Be given the name of their attending physician, the names of all other physicians directly assisting in their care, and the names and functions of other health care persons having direct contact with the patient;
- ✓ Have records pertaining to their medical care treated as confidential;
- ✓ Know what HMU ASC rules and regulations apply to their conduct as a patient;
- ✓ Expect emergency procedures to be implemented without unnecessary delay; to be informed of HMU ASC 's Advance Directives Policy and provided information as requested;
- ✓ Expedient and professional transfer to another facility when medically necessary, and to have the responsible person and the facility that the patient is transferred to notified prior to transfer;
- ✓ Good quality care and high professional standards that are continually maintained and reviewed;
- ✓ Full information in layman's terms concerning diagnosis, evaluation, treatment and prognosis; if this information is not medically advisable to the patient, the information shall be given to the responsible person on his/her behalf;
- ✓ Information on after-hour and emergency care;
- ✓ Give an informed consent to the physician prior to the start of a procedure; A patient has a right to choose their provider(s) or refuse a provider;
- ✓ Be advised of participation in a medical care research program or donor program; the patient shall give consent prior to participation in such a program; a patient may also refuse to continue with a program in which they previously consented to participate; they may refuse participation in any experimental treatment/research;
- ✓ Refuse drugs or procedures, and have a physician explain the medical consequences of the drugs or procedure;
- ✓ Medical and nursing services without discrimination based upon age, race, color, religion, sex, national origin, handicap, disability, sexual orientation/preference or source of payment;
- ✓ Have access to an interpreter whenever possible;
- ✓ Be provided with, upon written request, access to all information contained in their medical record and instruction on how to amend;
- ✓ Accurate information regarding the competence and capabilities of the organization to include staff credentials;
- ✓ Receive information regarding methods for expressing suggestions or grievances to the organization;
- ✓ Information regarding fees for services and payment policies;

HMU Surgical Center provides for and welcomes the expression of grievances/complaints and suggestions by the patient and patient's family at all times. This feedback allows the center to understand and improve the patient's care and environment.

Every patient has the right to file a grievance with facility's Administrator or Nurse Manager. If the patient is not satisfied, the process is given to the Medical Director. In the event the problem is still not resolved the patient has the right to file a complaint with the:

Office of the Medicare Beneficiary Ombudsman:

http://www.cms.hhs.gov/center/ombudsman.asp

Or the patient may contact our accrediting organization:

AAAHC
(Accreditation Association for Ambulatory Health Care, Inc.)
5250 Old Orchard Road, Suite 200
Skokie, IL 60077
www.aahc.org
1 847 853 6060

Complaints may be registered with the department by phone or in writing. A complainant may provide his/her name, address, and phone number to the department. Anonymous complaints may be registered. All complaints are confidential.

The main goal of the surgery center is to provide excellent care to every patient. Every patient is encouraged to ask questions.

- ✓ Complaint or criticism will not serve to compromise future access to care at this facility. Staff will gladly advise you of procedures for registering complaints. Complaints may be registered with the Texas Department of Health by phone or in writing: Texas Department of Health, Health Facility Licensing and Compliance Division, 1100 West 49th Street, Austin, Texas 78756, phone (888) 973-0022.

Each patient treated at HMU ASC has the responsibility to:

- ✓ Follow instructions given by his/her surgeon, anesthesia provider, and operative care;
- ✓ Provide HMU ASC staff with complete and accurate medical information which may have a direct effect on the care provided at HMU ASC.
- ✓ Provide HMU ASC with all information regarding third party insurance coverage;
- ✓ Fulfill financial responsibility for all services received as determined by the patient's insurance carrier.
- ✓ Provide a responsible adult to transport you home and remain available for help for 24 hours.

Patient Concerns and/or Grievances

Patients who have a concern or grievance regarding their care or services received at HMU ASC, including but not limited to decisions regarding admission, treatment, discharge, denial of services, quality of services, courtesy of personnel, safety or any other issue are encouraged to contact the Administrator or write a statement to:

Vicki Turner, RN
Administrator
HMU Surgical Center, LLC
4219 Richmond Avenue, Suite 100
Houston, TX 77027
(713) 634 – 4433
hmutx.com

Medicare patients should visit the website below to understand your rights and protections:
http://www.hhs.gov/news/press/1999/990412.html

Advance Directives

An "Advance Directive" is a general form that refers to your oral and written instructions regarding your medical care in the event that you are or become unable to speak for yourself. Each state regulates the use of advance directives. There are two types of advance directives: A LivingWill and/or a Medical Power of Attorney. To obtain information on an advance directive, please contact your personal attorney. The Center will provide a summary brochure upon your request but your selection of an advance directive type requires validation from your personal attorney and their legal advice. The Center cannot offer legal advice regarding your choice of an advance directive.
It is the policy of HMU ASC that regardless of the contents of your advance directive or instructions from your health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at the Center, the personnel at the Center ***will*** initiate resuscitative or other stabilizing measures and transfer the
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patient to an acute care hospital for further treatment and evaluation. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be conducted in accordance with your wishes, per advance directive or care power of attorney/health care surrogate.

Informed Consent

The procedures performed at the HMU ASC are considered to be of minimal risk and appropriate for an ambulatory care setting. Of course, no surgery is without risk. You, the patient and/or your designee, along with the surgeon, will have discussed the specific risks of the surgery, as well as the benefits of the surgery and/or other alternate treatment options, expected recovery time, discharge expectations etc. When you present to the Center for your procedure, you will be asked to sign a consent that attests to you being informed of these items by your surgeon. Please do not hesitate to ask for and receive answers to your questions prior to the date of your surgery. The patient is an integral part of the "informed consent" process, and will be actively involved in the validation/verification of the procedure, the anatomical site of the procedure, the surgeons name and other pertinent information that will fully inform him/her of what is being consented to.

Physician Financial Ownership

As required by the Centers for Medicare and Medicaid Services 42 CFR per "Conditions of Coverage – Notice of Rights", HMU Surgical Center must inform you that this Center has physician owners and/or physicians with a financial interest in the ASC. Those physicians are:

Samuel D. Axelrad, M.D., F.A.C.S.
Paolo C. Champion, M.D.
Karen Delhey, M.D., F.A.C.S.
Richard A. Goldfarb, M. D., F.A.C.S.
Ricardo Gonzalez, M. D.
Alan Hananel, M. D.
Stephen L. Lapin, M. D., F.A.C.S.
Michael Lewitton, M.D., F.A.C.S.
Robert Light, M.D., F.A.C.S.
Brian Lord, M.D., F.A.C.S.
Michael Mineo, M.D.
Kevin Nickell, M.D., F.A.C.S.
CarlW. Ogletree, M.D., F.A.C.S.
Brian C. Powers, M.D.

Zvi Schiffman, M.D., F.A.C.S.
Mark A. Sutton, M.D., F.A.C.S.
Larry Baum, M.D.
Gregory Hester, M.D., F.A.C.S.

Thank you for your attention to these very important issues. If you have any questions, please contact the HMU ASC at: (713) 634 - 4433.

I verify that I was provided with the following information prior to my procedure:

☐ Patient Bill of Rights and Responsibilities

☐ Information regarding the Grievance Process for HMU Surgical Center, LLC

☐ Disclosure of Financial Ownership

☐ Informed Consent Information

Patient Signature: _____ Date: _____