

PATIENT RIGHTS

Patients have the right to:

- Considerate, dignified, and respectful care in a safe, comfortable environment.
- Personal privacy and confidentiality.
- Be free from all forms of abuse or harassment.
- Know the names of the health care providers furnishing care to you and their role in your care.
- Treatment by compassionate, skilled, qualified health professionals.
- Be informed about and participate in your care and treatment planning.
- Make informed decisions.
- Timely information regarding Center policy that may limit its ability to implement a legally valid advance directive.
- Refuse treatment as allowed by law.
- Be free from discrimination or reprisal.
- Evaluation, service and/or referral as indicated by the urgency of the case.
- To be transferred to another healthcare facility when medically necessary with explanation concerning this need, its risks and alternatives, as well as acceptance by the receiving institution in advance of such transfer.
- Consent or decline to participate in proposed research studies or human experimentation affecting care or treatment.
- Review and obtain copies of your medical records.
- Receive treatment in an environment that is sensitive to your beliefs, values and culture.
- Be informed about the care you will need after discharge.
- The right to know your physician may have ownership in the Center.
- The right to file a verbal and/or written grievance as outlined in the Grievance Policy.

PATIENT RESPONSIBILITIES

Patients have the responsibility to:

- Give us complete and accurate information about your medical history, including all prescription and non-prescription medications you are taking.
- Tell us what you need. If you do not understand your care plan, ask questions.
- Be part of your care.
- To arrange for a responsible adult to provide transportation home and to remain with you for 24 hours after your procedure.
- To follow up on your doctor's instruction, take medication when prescribed, to make and keep follow-up appointments as directed, and ask questions concerning your own health care as necessary.

- To fully participate in decisions involving your own health care and to accept the consequences of these decisions if complications occur.
- If you are not satisfied with your care, please tell us how we can improve.
- Be respectful and considerate of the rights of other patients, families, and Center personnel.
- Give us any insurance information we need to help get your bill paid and fulfill financial obligations to the Center. Any verification of benefits has been provided as a courtesy to you. This is not a guarantee of payment. Insurance benefits can sometimes be quoted incorrectly. We strongly recommend that you contact your health plan to verify your insurance information and benefits.

GRIEVANCE PROCEDURE

Please contact the following with any concerns or complaints related to your experience at the Center. Complaints are reviewed and acted upon as they are received.

Administrator: Dwayne Kertanis

Email: dwaynekertanis@csasurgery.com

The patient, family member, and visitor to the Center may contact the following if not satisfied with the outcome of their complaint:

Massachusetts Department of Public Health
250 Washington St.
Boston Ma.02108
617-624-6000

Medicare Ombudsman
1-800-633-42273

www.medicare.gov/claims-and-appeals/index.html

AAAHC 847-853-6060

ADVANCED DIRECTIVES

The Center will always attempt to resuscitate a patient and will transfer that patient to a hospital in the event their condition deteriorates. The Center will make every reasonable attempt to obtain and file in the patient's medical record copies of the following existing documents:

- Appointment of a Health Care Representative
- Living Will and Health Care Instructions
- Documentation of Anatomical Gift
- Conservator of the Person for My Future Incapacity

If an emergency transfer occurs, all pertinent chart information will be copied and sent with the patient to the hospital, including the patient's information regarding

Advance Directives, if given to the facility by the patient on admission.

ANTI-DISCRIMINATION POLICY

The Center does not discriminate, exclude people or treat them differently on the basis of race, religion, color, national origin, age, disability, marital status, gender identity, or sex.

The Center provides free aids and services for disabilities as follows:

- Qualified sign language interpreters
- Written information in other formats (such as large print or electronic formats)

The Center provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

ATTENTION: Language assistance services, free of charge, are available to you. Call 860-701-0140.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 860-701-0140.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 860-701-0140.

Patients who believe that the Center has failed to provide these services may file a complaint either in person or by mail, fax or email. The complaint should be filed with the Center Administrator, whose contact information is listed in the Grievance Procedure Section.

Patients can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

HIPAA PRIVACY PRACTICES

The Center has adopted a Patient Privacy Plan to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended, including by the Health Information Technology for Economic and Clinical Health Act, and applicable

security and privacy regulations, as well as our duty to protect the confidentiality, appropriate accessibility, and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. This policy applies to all personnel of the Center.

If you feel that your privacy or access protections have been violated, you may submit a written complaint with the Center or with the Department of Health and Human Services, Office of Civil Rights. (See Grievance Procedure Section for contact information.) See posted Notice of Privacy Practices.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

Greater Springfield Surgery Center and its employees are dedicated to maintaining the privacy of your personal health information (“PHI”), as required by applicable federal and state laws. These laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning Protected Health Information, or PHI, which is information that identifies you and that relates to your physical or mental health condition.

Permitted Disclosures of PHI. We may disclose your PHI for the following reasons:

1. **Treatment** We may disclose your PHI to a physician or other health care provider providing treatment to you.
2. **Payment** We may disclose your PHI to bill and collect payment for the services we provide to you. We may need to disclose this information to insurance companies to establish insurance eligibility benefits for you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.
3. **Health Care Operations** We may disclose your PHI in connection with our health care operations. Health care operations include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, and other business operations. For example, we may use your PHI to evaluate the performance of the health care services you received.
4. **Emergency Treatment** We may disclose your PHI if you require emergency treatment or are unable to communicate with us.
5. **Family and Friends** We may disclose your PHI to a family member, friend or any other person who you identify as being involved with your care or payment for care, unless you object.
6. **Required by Law** We may disclose your PHI for law enforcement purposes and as required by state or federal law. In addition, we must provide PHI to comply with an order in a legal or administrative proceeding. Finally, we may be required to provide PHI in response to a subpoena discovery request or other lawful process, but only if efforts have been made, by us or the requesting party, to contact you about the request or to obtain an order to protect the requested PHI.
7. **Serious Threat to Health or Safety** We may disclose your PHI if we believe it is necessary to avoid a serious threat to the health and safety of you or the public.
8. **Public Health** We may disclose your PHI to public health or other authorities charged with preventing or controlling disease, injury or disability, or charged with collecting public health data.
9. **Health Oversight Activities** We may disclose your PHI to a health oversight agency for activities authorized by law. These activities include audits; civil, administrative or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other activities necessary for oversight of the health care system, government programs and compliance with civil rights laws.
10. **Research** We may disclose your PHI for certain research purposes, but only if we have protections and protocols in place to ensure the privacy of your PHI.
11. **Workers’ Compensation** We may disclose your PHI to comply with laws relating to workers’ compensation or other similar programs.
12. **Specialized Government Activities** If you are active military or a veteran, we may disclose your PHI as required by military command authorities. We may also be required to disclose PHI to authorized federal officials for the conduct of intelligence or other national security activities.
13. **Organ Donation** If you are an organ donor, or have not indicated that you do not wish to be a donor, we may disclose your PHI to organ procurement organizations to facilitate organ, eye or tissue donation and transplantation.
14. **Coroners, Medical Examiners, Funeral Directors** We may disclose your PHI to coroners or medical examiners for the purposes of identifying a deceased person or determining the cause of death, and to funeral directors as necessary to carry out their duties.
15. **Disaster Relief** Unless you object, we may disclose your PHI to a governmental agency or private entity (such as FEMA or Red Cross) assisting with disaster relief efforts.



Patient Bill of Rights & Information

As a state licensed outpatient surgery center and in accordance with State and Federal regulations, the Greater Springfield Surgery Center ensures that all patients are properly informed about the following information prior to their scheduled surgical procedure.

**Physician Ownership
Patient Rights and Responsibilities
Grievance Procedures
Advanced Directives
Anti-Discrimination Policy
HIPAA Privacy Practices**

PHYSICIAN OWNERSHIP

See website for physician ownership
www.gsssurgery.com