

You have the right to expect reasonable continuity of care, and to know in advance what appointment times and physicians are available. You have the right to expect that the center will provide a mechanism so you are informed by your physicians, or a delegate of your physician, of your continuing healthcare requirements following discharge.

The right to have family members or a representative of his/her choice and his/her own physician notified promptly of his/her admission to a hospital.

The right to personal privacy.

The right to receive care in a safe setting.

You have the right to considerate and respectful care.

The right to be free from all forms of abuse or harassment.

FINANCIAL RESPONSIBILITY

You may receive a bill from several different providers for the care rendered to you today. This may include the physician performing the procedure, Ambulatory Surgery Center, (SOSC), Anesthesia Provider and the contracted laboratory, if a specimen is obtained during the procedure.

Financial Agreement:

If you have insurance, we will help you receive maximum benefits by filling for you. However, we will expect payment of the co-pays, coinsurance and deductible at the time of the service.

Assignment of Insurance Benefits, Medicare/Other Insurance:

I hereby assign benefits to be paid, on my behalf to the SOSC that renders service to me. I understand and agree to be financially responsible for the charges not paid within a reasonable time through my insurance and/or another payer.

Release of Information

I authorize the SOSC to release all or part of my medical resource when required for the submission of any insurance claim for payment to the surgical center for the Medicare services and their agents, my insurance company(s) or to my employer (for worker's compensation).

Disclosure of Ownership:

A physician performing the procedure may have an ownership interest in this facility. A schedule of typical fees for services provided by this facility is available upon my request. These procedures are performed at hospitals and other outpatient facilities in this community. I have the right to choose where to receive service, including a facility where my physician does or does not have an ownership interest. I have chosen to be treated at this facility.



Location Highlighted by our logo is the easily accessible location at the corner of 24th and Vinton Streets



3201 So. 24th Street
Omaha, NE 68108
W: 402-504-4071 F: 402-504-4124



3201 So. 24th
Street Omaha,
NE 68108

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F: 402-504-4124

Patient Compliance

As a reminder prior to your surgery, the following should be discussed with our staff:

- Medical history
- Details about your procedure
- Personal belongings
- Insurance Information
- Transportation

PATIENT'S RIGHTS AND RESPONSIBILITIES

The right to confidentiality of his/her clinical records.

The right to access information contained in his/her clinical records within a reasonable time frame, (the facility must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these request as quickly as its record keeping system permits).

The right to know the reasons for any proposed change in the professional staff responsible for his/her care.

The right to know the reasons for his/her transfers either within or outside the facility.

The right to know the relationship(s) of the facility to other persons or organizations participating in the provision of his/her care.

The right to access to the cost, itemized when possible, of services rendered within a reasonable period of time.

The right to be informed of the source of the facility's reimbursement for his/her sources, and of any limitations which may be placed upon his/her care.

The right to be free from restraint or seclusion, of any form, imposed as (restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member or others and must be discontinued at the earliest possible time).

The right to have pain treated as effectively as possible.

The right to communicate complaints or grievances regarding his/her care to his/her Physician, nurse team member, consumer advocate, or surgical center administrator.

The right to contact the following to report questions or complaints.

Office of The Medicare Ombudsman:

1-800-633-4227, TTY users-1-877-486-2048, or on the web-
<http://www.medicare.gov/ombudsman/resources.asp>

You may also contact the Administrator for information regarding initiation, review and resolution of your complaints. The South Omaha Surgical Center **Administrative Director** can be reached by telephone at 402-763-2773. We hope you will give us an opportunity to resolve any issues you may have. A written complaint can also be made to the Administrator, addressed to South Omaha Surgical Center, 3201 So. 24th Street, Omaha, Nebraska 68108. We will respond to all complaints within 10 business days.

Complaints may also be communicated directly to

- **Nebraska Department of Health and Human Services:** Michael Grutsh, PA-C, DHHS Division of Public Health Investigation, 1033 "O" Street, Suite 500, Lincoln, NE 68508, 402-471-0175 or at www.dhhs.ne.gov/pages/reg_invest-aspz
- **Ombudsman's Office:** State Capital, Room 807, Box 94604, Lincoln, NE 68509-4604, 402-471-2035, toll free 800-742-7690 ombud@leg.ne.gov
- **CMS (Center for Medicare & Medicaid Services):** Region VII, 601 E 12th St., Suite 235, Kansas City, MO 64106. Attn: Quality of Care Complaints ROKCMS/OmbuMCMCH@cms.hhs.gov
- **CMS/Ombudsman:** Attn: Centers for Medicare & Medicaid Services, 7500 Security BLVD., Baltimore, MD 21244-1850, toll free 800-633-4227 or 877-486-2048 www.medicare.gov/center/ombudsman.asp

THE PATIENT HAS THE RESPONSIBILITY TO:

Take an active role in his/her medical treatment.

Give information on past illnesses, hospitalizations, medications and any information relating to his/her health.

Inform staff of his/her wishes regarding end of life decision. (i.e. Advance Directives).

Ask questions if instructions and information are understood.

Following instructions and advice offered by staff.

Report changes in his/her condition to those responsible for his/her care.

Be considerate and respectful of the rights of the other patients and staff.

Honor the confidentiality and the privacy of the other patients.

Follow rules outlined by the department in which being treated.

Cooperate in the planning of his/her discharge.

Pay his/her bill for services received as soon as possible.

ADVANCED DIRECTIVES

PURPOSE

The presence of an Advance Directive in a medical record indicates the patient's preference for continued medical care and should be noted/ followed. The parent(s) or guardian(s) of a minor child will at all times be included in the decision-making process regarding the course of treatment for the patient.

POLICY AND PROCEDURE:

Advance Directives are documents allowing patients to give direction about future medical care. There are two types:

- 1- Living Will- Written Instructions explaining wishes regarding health care should the patient have a terminal condition.
- 2- Durable Power of Attorney- Written document naming a person to make decisions for the patient if the patient becomes unable to do so.

Patients with Advance Directives are responsible to inform their physicians of their wishes and to provide a copy of the Advance Directive for your records. It is our policy that if an adverse event occurs during my treatment at the South Omaha Surgical Center, the personnel will initiate, resuscitative or other stabilizing measures and transfer you to an acute care hospital for further treatment and evaluation.

If the patients and/or family makes it known that an Advance Directive exists, staff and/or anesthesia will explain our policy regarding the Advance Directive. The patients is then given the option to have his/her procedure done elsewhere if they wish.

This information was acquired from the website of the Nebraska Department of Public Health as an overview of advanced directives.

THE EXERCISE OF PATIENT'S RIGHTS PROVIDES FOR:

Exercise of his/her rights by the patient while receiving care of treatment in the facility without coercion, discrimination or retaliation.

Having a surrogate (parent, legal guardian, person with medical power of attorney) exercise the patient's rights when the patient is incapable of doing so without coercion, discrimination or retaliation.

The process to inform each patient or when appropriate the patient's representative (as allowed under state law) of the patient's rights in advance of providing or discontinuing patient care whenever possible.

The right to be fully informed in advance of care or treatment and to participate in the development and implementation of his/her plan of care.

The right to make informed decisions regarding his/her care, be informed of his/her health status, and be involved in care planning and treatment and being able to request or refuse treatment (this right must not be construed as a mechanism to demand the provisions of treatment or service deemed medical unnecessary or inappropriate).

The right to consent or refuse treatment after being adequately informed of the benefits and risks of, and alternatives to treatment.