

PATIENT RIGHTS AND RESPONSIBILITIES

TUSCANY SURGICAL CENTER LLC

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THIS INFORMATION DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Our commitment here at Tuscany Surgical Center LLC, hereinafter referred to as "TSC", is to serve our patients with professionalism and caring; being sure at all times to protect the privacy and security of all Protected Health Information. During the course of serving your interests, it may be necessary to share information with our Health Care Providers or Business Associates. The following are examples of instances where information may be shared:

- During treatment we may find it necessary to acquire a laboratory analysis.
- For payment purposes, we may use the services of a billing service, negotiate with a third party adjuster, or send records to an attorney of record.
- During health care operations, we may need a second opinion.

We here at TSC are committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any other uses of disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual, as provided for by law.

If you have any questions or comments regarding our Protected Health Information, feel free to contact our Compliance Officer, Dana Easley at (928) 817-8900.

PATIENT RIGHTS

TSC wants you to know that you have certain rights as a patient which we respect and honor. Our promise to you is to respect and support your rights as a patient. We plan to make your visit with us as pleasant for you as possible. We have listed your rights as a patient. In the event that you believe your rights or our obligation to meet your Patient Rights are not being met, you may file a grievance. TSC will respond to your grievance within 30 days. For additional information about your rights, please contact the Administrator, Dana Easley, at (928) 817-8900. The following are your rights as a patient at TSC:

- A patient has the right to be treated with dignity, compassion and respect as an individual. This includes his/her personal privacy being protected, receiving care in a safe environment and honoring personal and religious values.
- A patient has the right to participate in the development and implementation of his/her plan of care.
- A patient has the right to have a family member or representative of his/her choice and his/her personal physician notified upon his/her admission/transfer to a hospital.
- A patient has the right to make informed decisions regarding his/her care. This includes being informed of his/her health status, being involved in care planning and treatment, and being able to request or refuse treatment. If he/she is declared incompetent or unable, for whatever reason, to act on his/her behalf, a representative may act for the patient.
- A patient has the right to be informed of all outcomes of care, including any injuries caused by medical care.
- A patient has the right to formulate Advance Directives concerning his/her health care with which TSC will comply.
- A patient has the right to personal privacy.
- A patient has the right to exercise his/her rights and respect for property and person.
- A patient has the right to receive care in a safe setting.
- A patient has the right to be free from all forms of abuse and harassment. This includes the right to be free from any act of discrimination/reprisal.
- A patient has the right to confidentiality of his/her medical records and financial information. Information will not be released without consent of the patient, unless authorized by law.
- A patient has the right to obtain information contained in his/her medical records within a reasonable period of time. A patient has the right to be free from any form of restraints that are not medically necessary. A restraint can be used only when needed to improve a

patient's well-being and when less restrictive alternatives have been determined to be ineffective. A patient has the right to receive information about the costs of his/her care before being treated.

- A patient has the right to choose whether or not he/she will participate in any research project. Potential risks of the research will be identified and there will be no pressure for him/her to participate.
- A patient has the right to be informed of the credentials of health care professionals involved in his/her care.
- A patient has the right to have his/her pain assessed and to receive treatment to manage pain.
- A patient has the right to be provided information concerning services available at TSC, provisions for after-hours care, fee for services and payment policies.
- A patient has the right to voice grievances regarding treatment or care that is or fails to be provided.
- A patient has the right to file a grievance with TSC. This may be done orally by calling (928) 817-8900 or in writing or he/she has the right to contact Arizona Department of Health Services, 150 N. 18th Avenue, #450. Phoenix, Arizona 85007 (602) 364-3030.

SPECIAL NOTE: If a patient, for whatever reason, is unable to understand the rights extended to him/her, health care provider shall provide whatever assistance is reasonably necessary to assist the patient in understanding the above-noted rights. This may include, but not limited to, the use of assistive devices for the hearing and seeing impaired or the use of interpreters for the patients not proficient in English.

PATIENT RESPONSIBILITIES

The collaborative nature of health care requires that a patient or his/her patient representative, participate in his/her care. The effectiveness of care and a patient's satisfaction depends on the patient fulfilling certain responsibilities. The following are your responsibilities as a patient of TSC:

- A patient is responsible for providing information about past illnesses, hospitalizations, medications and other matters related to health status.
- A patient is responsible to request additional information or clarification about his/her health status or treatment when he/she does not fully understand information or instructions.
- A patient is responsible for ensuring that TSC has a copy of his/her written Advance Directive, if they have one. Advance Directives are written instructions that convey to your doctor and your family what kinds of treatments you want in case you become unable to make medical decisions for yourself. Advance Directives include; 1) Durable Power of Attorney for Health Care - a document that appoints someone to make health care decisions on your behalf if you are unable to express your wishes. 2) A Living Will - a document that allows you to describe your wishes about the discontinuance of death-delaying procedures if you become terminally ill or are unable to express your wishes.
- A patient is responsible for informing his/her physician and other caregivers if they anticipate problems in following prescribed treatment.
- A patient is responsible for making reasonable accommodations to the needs of the facility, other patients, medical staff and employees. This includes the control of noise, smoking and other distractions.
- A patient is responsible to avoid all unsafe acts that place him/her and/or others at risk for accidents or injuries.
- A patient is responsible for providing necessary information for insurance claims and for working with TSC to make payment arrangements.
- A patient is responsible for accepting personal financial responsibility for any charges not covered by his/her insurance.
- A patient is responsible to provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her healthcare provider.
- A patient is responsible for any payment to the facility, if applicable, for copies of requested medical records.
- A patient is responsible for following the treatment plan given by his/her provider. If he/she cannot follow the treatment plan, he/she has the responsibility to notify the healthcare provider.

NOTICE OF THIRD PARTY COVERAGE

Patient to be informed of third party coverage, including Medicare and Arizona Health Care Cost Containment System coverage.

MEDICAL OMBUDSMAN

Contact the Office of Medicare Beneficiary Ombudsman; www.cms.hhs.gov/ombudsman/resources.asp or 1-800-MEDICARE.