



Patient Bill of Rights and Responsibilities

Patients and families are our number one concern. It is a priority at Stonegate Surgery Center that patients and families are as comfortable as possible during their stay. The following statement of patient rights and responsibilities is presented as the policy for the Center, but does not presume to be a complete representation of all mutual rights and responsibilities.

Patient Rights

1. "To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility."
2. "To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third party payment or not covered by the facilities basic rate."
3. "To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient shall also have a right to know the identity and function of these institutions and to refuse to allow their participation in the patient's treatment."
4. "To receive from the patient's physician(s) or clinical practitioner(s), in term that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information is detrimental to the patient's health or if the patient is not capable of understanding this information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason informing the patient directly, shall be documented in the patient's medical record."
5. "To participate in the planning of the patient's care and treatment and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record."
6. "To be included in experimental research only when the patient gives informed written consent to such participation, or when a guardian gives consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices."
7. "To voice grievances or recommend changes in policies and services to facility personnel, the governing body, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal."
8. "To be free from mental and physical abuse, free from exploitation, and free from the use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel."
9. "To confidential treatment of information about the patient. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless

another health care facility to which the patient was transferred requires the information, or unless the release of information is required and permitted by law, a third party payment contract, or a peer review, or unless the information is needed by the Texas Department of State Health Services for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked."

10. "To be treated with courtesy, consideration, respect and recognition of the patient's dignity, individuality, and right to privacy, including but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when the facility personnel are discussing the patient."
11. "To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local State and Federal laws and rules."
12. "To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices or any attendance at religious services shall be imposed upon any patient."
13. "To not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil and/or legal rights solely because of receiving services from the facility."
14. "To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person's care in accordance with the Texas Department of State Health Services."

Patient Responsibilities

1. To give your doctor and the Center staff complete and accurate information about your condition and care, including the reporting of unexpected changes in your condition to your physician and nurse.
2. To follow the orders and instructions given by your doctor and instructions given by the staff for your care, including keeping follow-up appointments after discharge.
3. To report unexpected changes in your condition to your physician and nurse.
4. To bring a current copy of your advanced directives to be placed in your medical record prior to the time of your admission.
5. To accept responsibility for refusing treatment.
6. To show consideration for other patients by following all rules and regulations pertaining to smoking, visitors, noise and general conduct.
7. To accept financial obligations associated with your care.
8. To be considerate of staff members who are caring for you. A mutual spirit of respect and cooperation allows us to serve you best.
9. To advise your nurse, physician, caregiver and/or business office staff of any dissatisfaction you may have regarding your care.

Patient Satisfaction

Assessment of patient/family satisfaction is most important to us. Please take the time to complete our survey. Every attempt is made to contact each patient within 24-48 hours after discharge. Please let us know how we can improve our service to you.

Voicing Complaints

All patient complaints will be investigated. If you have a complaint concerning quality of care, you can contact the Administrator of the Center or the Texas Department of State Health Services at the following address:

Administrator
Stonegate Surgery Center
2501 W. William Cannon
Suite 301
Austin, Texas 78745
(512) 439-7300

Texas Department of State Health Services
Health Facilities Compliance Group
P.O. Box 149347
Austin, Texas 78714-9347
(888) 973-0022

<http://www.medicare.gov/Ombudsman/activities.asp> <http://www.dshs.state.tx.us>

Stonegate Surgery Center is accredited by the Accreditation Association for Ambulatory Health Care, INC. Any concerns regarding services provided at Stonegate Surgery Center may be directed in writing to the AAAHC, 5250 Old Orchard Road, Suite 200, Skokie, IL 60077 or by phone at (847) 853-6060, or fax (847) 853-9028.



STONEGATE SURGERY CENTER

PHYSICIAN OWNERSHIP DISCLOSURE NOTICE

Dear Patient,

Our federal regulations require that we inform you in advance of the date of your procedure that the individuals or corporations listed below have a financial interest in StoneGate Surgery Center:

Matthew McCarty, M.D.

Balcones Pain Consultants
4544 South Lamar Blvd.
Suite 700
Austin, Texas 78745
(512) 834-4141

Michael Albrecht, M.D.

Arush Angirasa, D.P.M.

Manish Patel, M.D.

Southwest Orthopedic Group
2500 W. William Cannon Dr.
Suite 401
Austin, Texas 78745
(512) 451-1969

Brannon Frank, M.D.

John Wages, M.D.

Robert Wills, M.D.

Austin Pain Associates
2501 W. William Cannon Dr.
Suite 401
Austin, Texas 78745
(512) 416- 7246

Richard Schram, M.D.

7900 FM 1826
Bldg II, Suite 100
Austin, Texas 78737
(512) 301- 9922



STONEGATE

SURGERY CENTER

ADVANCED DIRECTIVE NOTICE

Dear Patient,

Federal regulations require that we inform you in advance of the date of your procedure our policies regarding Advanced Directives:

1. Stonegate Surgery Center in a “Full Code” facility. By this we mean that every medical intervention available to us will be used to ensure that your procedure has a successful outcome. This includes any and all available resuscitative measures in the case of a medical emergency.
2. We request that all patients who have executed an “Advanced Directive” inform us of this fact as soon as possible. Upon notification we will explain our “Full Code” policy in more depth and gain a better understanding of the directive that you have stipulated in the even of a medical emergency.
3. Patients who have been informed of our “Full Code” policy but still elect to have their procedure performed at Stonegate Surgery Center will be asked to sign a Do Not Resuscitate waiver on the day of their procedure acknowledging that they have waived this advanced directive. This form will become a permanent part of their record here at Stonegate Surgery Center.
4. Patients who have executed an “Advanced Directive” which include directives that conflict with Stonegate’s “Full Code” policy may at any time decide to cancel their procedure and have it rescheduled at a facility of their choice. This includes revoking any waiver(s) previously signed.
5. We request that all patients who have executed an “Advanced Directive” bring a copy of the document with them on the day of their procedure so that we can make it a part of your permanent record at Stonegate Surgery Center.