

Austin Fertility Surgery Center

Rights and Responsibilities

As a Patient, You Have the Right to:

- Be treated with respect, consideration, and dignity.
- Be afforded appropriate personal privacy
- Be given verbal and written notice of rights and responsibilities in a language and manner that ensures the patient, the representative or surrogate understands.
- Receive full information in layman's terms concerning appropriate and timely diagnosis, evaluation, treatment, prognosis and preventive measures; if it is not medically advisable to provide this information to the patient, the information shall be given to the responsible person on his/her behalf.
- Participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Receive information on the services, fees and payment policies of the center.
- Receive information on after-hour and emergency care.
- Obtain information on the center's policy on patient's advanced directives.
- Be provided information on the credentials of the health care professionals at the center.
- Receive information regarding the absence of malpractice insurance, if applicable.
- Voice or file complaints or grievances regarding treatment or care that is (or fails to be) furnished.
- Change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Receive an informed consent for the procedure and administration of any anesthetic.
- Be given the name of the attending physician, the names of all other physicians directly assisting in care, and the names and functions of other health care persons having direct contact with the patient.
- Be given, in writing if requested, a list of physicians who have financial interest or ownership in the center.
- Be free from any act of discrimination or reprisal and to be free from all forms of abuse or harassment.
- Be provided medical and nursing services without discrimination based upon age, race, color, religion, sex, national origin, handicap, disability, or source of payment.
- Receive care in a safe setting by competent and appropriately qualified personnel
- Have records pertaining to medical care treated as confidential.
- Expect emergency procedures to be implemented without unnecessary delay.
- The 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.
- Be provided with, upon written request, access to all information contained in the medical record.
- Refuse drugs or procedures and have a physician explain the medical consequences of the drugs or procedures.
- Be advised of participation in a medical care research program or donor program; be given consent prior to participation in such a program; the opportunity to refuse to continue in a program that has previously given informed consent for participation.
- Receive appropriate and timely follow-up information of abnormal findings and tests.
- Receive appropriate and timely referrals and consultation.
- Receive information regarding "continuity of care".
- Expect the absence of clinically unnecessary diagnostic or therapeutic procedures.

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As a Patient, You Are Responsible to:

- Provide a complete and accurate medical history including medications, over-the counter products, dietary supplements, and any allergies or sensitivities.
- Follow the treatment plan established by the physician, including instructions of nurses and other health care professionals as they carry out the physician's orders.
- Arrange for a responsible adult to drive you home and stay with you for 24 hours after surgery (as may be required by your physician).
- Fulfill financial responsibility, for all services received, as determined by the patient's insurance carrier.
- Provide the surgery center with all information regarding third-party insurance coverage.
- Behave respectfully toward all health care professionals, as well as other patients.
- Keep an appointment and notify the facility if you are unable to do so.
- Read and understand all consents and ask questions for clarification before signing.
- Carry identification with you.
- Let us know if you don't understand any part of your treatment. Ask questions and take part in your healthcare decisions.
- Let us know when you are having pain or when your pain is not being managed.
- Respect the Center's property and equipment.

Please be informed that your physicians may have a financial interest in Austin Fertility Surgery Center.

If you have any concerns or complaints about your visit to Austin Fertility Surgery Center, you may contact the:

Administrator: 512-614-4830

The Department of State Health Services, Facility Licensing Group
1100 W. 49th St.
Austin, TX 78256
(888) 973-0022

Medicare Beneficiary Ombudsman, for Medicare inquiries and complaints 1-800-MEDICARE
WEBSITE: www.medicare.gov/Ombudsman/resources.asp

I ACKNOWLEDGE THAT I HAVE RECEIVED MY PATIENT RIGHTS, PHYSICIANS FINANCIAL INTEREST IN THE ASC, AND INFORMATION ON COMPLAINTS FOR THE ASC PRIOR TO MY SURGERY.

Patient Signature: _____

Date: _____