

PATIENT RIGHTS

- Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care.
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services.
- Be fully informed of the scope of services available at the facility, provisions for after-hours care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions including refusal of treatment or not following the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Express grievances/complaints and suggestions at any time.
- Access to and/or copies of his/her medical records.
- Be informed as to the facility's policy regarding advance directives/living wills.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English.
- Have an assessment and regular assessment of pain.
- Education of patients and families, when appropriate, regarding their roles in managing pain.
- To change providers if other qualified providers are available.

If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state laws may exercise the patient's rights to the extent allowed by state law.

PATIENT RESPONSIBILITIES

- Be considerate of other patients and personnel and for assisting in the control of noise, eating and other distractions.
- Respecting the property of others and the facility.
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing care givers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition, or any other patient health matters.
- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeit of care at the facility.
- Promptly fulfilling his or her financial obligations to the facility.
- Identifying any patient safety concerns.

ADVANCE DIRECTIVE NOTIFICATION

All patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. **CHRISTUS Cabrini Surgery Center** respects and upholds those rights.

However, unlike in an acute care hospital setting **CHRISTUS Cabrini Surgery Center** does not routinely perform "high risk" procedures. While no surgery is without risk, most procedures performed in this facility are considered to be of minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during the your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

DISCLOSURE OF OWNERSHIP

CHRISTUS Cabrini Surgery Center is proud to have a number of quality physicians invested in our facility. Their investment enables them to have a voice in the administration of policies of our facility. This involvement helps to ensure the highest quality of surgical care for our patients. Your physician **does/does not (circle as appropriate)** have a financial interest in this facility.

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at **318-427-6525** or by mail at:

CHRISTUS Cabrini Surgery Center
3436 Masonic Drive
Alexandria, La. 71301

Complaints and grievances may also be filed through:

Louisiana Department of Health and Hospital Health Standards Section
P. O. Box 3767
Baton Rouge, LA 70821-3767
Toll Free: 1-866-280-7737

Medicare beneficiaries may receive information regarding their options under Medicare and their rights and protections by visiting the website for the Office of the Medicare Beneficiary Ombudsman at: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Louisiana Balance Billing Disclosure

CHRISTUS Cabrini Surgery Center, LLC **IS / IS NOT** a participating provider contracted with the enrollee's or insured's health insurance issuer on the date of service based on the information received from the enrollee or insured at the time confirmation is provided.

"NOTICE

PROFESSIONAL SERVICES RENDERED BY INDEPENDENT HEALTHCARE PROFESSIONALS ARE NOT PART OF THE HOSPITAL BILL. THESE SERVICES WILL BE BILLED TO THE PATIENT SEPARATELY. PLEASE UNDERSTAND THAT PHYSICIANS OR OTHER HEALTHCARE PROFESSIONALS MAY BE CALLED UPON TO PROVIDE CARE OR SERVICES TO YOU OR ON YOUR BEHALF, BUT YOU MAY NOT ACTUALLY SEE, OR BE EXAMINED BY, ALL PHYSICIANS OR HEALTHCARE PROFESSIONALS PARTICIPATING IN YOUR CARE; FOR EXAMPLE, YOU MAY NOT SEE PHYSICIANS PROVIDING RADIOLOGY, PATHOLOGY, AND EKG INTERPRETATION. IN MANY INSTANCES, THERE WILL BE A SEPARATE CHARGE FOR PROFESSIONAL SERVICES RENDERED BY PHYSICIANS TO YOU OR ON YOUR BEHALF, AND YOU WILL RECEIVE A BILL FOR THESE PROFESSIONAL SERVICES THAT IS SEPARATE FROM THE BILL FOR HOSPITAL SERVICES. THESE INDEPENDENT HEALTHCARE PROFESSIONALS MAY NOT PARTICIPATE IN YOUR HEALTH PLAN AND YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF THE FEES FOR THE SERVICES PROVIDED BY THESE PHYSICIANS WHO HAVE PROVIDED OUT-OF-NETWORK SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR COPAYMENTS, COINSURANCE, DEDUCTIBLES, AND NON-COVERED SERVICES.

WE ENCOURAGE YOU TO CONTACT YOUR HEALTH PLAN TO DETERMINE WHETHER THE INDEPENDENT HEALTHCARE PROFESSIONALS ARE PARTICIPATING WITH YOUR HEALTH PLAN. IN ORDER TO OBTAIN THE MOST ACCURATE AND UP-TO-DATE INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK INDEPENDENT HEALTHCARE PROFESSIONALS, PLEASE CONTACT THE CUSTOMER SERVICE NUMBER OF YOUR HEALTH PLAN OR VISIT ITS WEBSITE. YOUR HEALTH PLAN IS THE PRIMARY SOURCE OF INFORMATION ON ITS PROVIDER NETWORK AND BENEFITS. TO HELP YOU DETERMINE WHETHER THE INDEPENDENT HEALTHCARE PROFESSIONALS WHO PROVIDE SERVICES AT THIS FACILITY ARE PARTICIPATING WITH YOUR HEALTH PLAN, THIS HEALTHCARE FACILITY HAS PROVIDED YOU WITH A COMPLETE LIST OF THE NAMES AND CONTACT INFORMATION FOR EACH INDIVIDUAL OR GROUP.”

Patient/Patient Representative Signature Date

Ancillary Service Providers contracted with CCSC:

Anesthesia:

Mid Louisiana Anesthesia Consultants
P.O. Box 5887
Alexandria, LA. 71307
318-442-5399

Pathology:

The Delta Pathology Group
2915 Missouri Avenue
Shreveport, LA 71109
318-621-8820
Deltapathology.com