

## **COOL SPRINGS SURGERY CENTER PATIENT RIGHTS AND RESPONSIBILITIES**

As a patient, you are encouraged to promote your own safety by becoming an actively involved and informed member of your health care team by:

1. Reminding staff to check your ID band before medications are given, samples are obtained, or prior to an invasive procedure
2. Asking whether the care-givers wash their hands prior to giving care.
3. Remembering to look for an identification badge to be worn by all Cool Springs Surgery Center employees
4. Asking questions.

### **THE PATIENT HAS THE RIGHT TO:**

Receive care in a safe setting, free from any form of abuse or harassment.

Receive treatment free from restraints or seclusion unless clinically necessary to provide acute medical, surgical or behavioral care.

Know the name and role of your care providers.

Have access to an interpreter, at no cost to you, if you are not fluent in English.

Have access to auxiliary aids if you have an impairment that requires the use of these.

Examine and receive an explanation of all bills regardless of the source of payment.

A fair and objective review of any complaint you have against your health plan, doctors, or other health care personnel. Sharing your concern and complaints will not compromise your access to care, treatment and services

Be asked about and give approval or refuse to allow the taking of photos or videos except when a photo/video is needed for treatment purpose.

Receive the care necessary to help regain or maintain a 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 and perform the services for which they are responsible with the highest quality of service.

Expect full recognition of individuality, including privacy in treatment and in care. In addition, all communications and records will be kept confidential.

Complete information, to the extent known by the physician, regarding diagnosis, treatment and the prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment.

Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care, and related fees for services rendered.

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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 designated representative or other legally designated person shall exercise the patient's rights.

Refuse treatment to the extent permitted by law and to be informed of the medical consequences of such a refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow instructions of the physician or facility.

Approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another health 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 or treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.

Express grievance/ complaints and suggestions at any time.

Participate in consideration of ethical issues related to patient care.

Change primary or specialty physicians or dentists if other qualified physicians or dentists are available.

Have an advance directive, such as a living will or Healthcare proxy. The patient will be informed that an Advance Directive is not required in order to receive medical treatment in this healthcare facility. If a patient indicates he/she has an Advance Directive, but has not brought a copy to the Center, the patient will be asked where a copy can be obtained in the event of an emergency.

Be informed Advance Directives with Do Not Resuscitate instructions will be temporarily suspended during their procedure until patient is discharged from the facility or transferred to a higher level of care. At which time the patient, family and attending physicians may discontinue such support according to the wishes of the patient.

Be fully informed before any transfer to another facility or organization.

Express those spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of medical therapy for the patient.

Be provided pain management services, with overriding concern for the individual and human dignity.

Be informed that our involvement with Vanderbilt University includes medical education. Cool Springs Surgery Center will provide support to Vanderbilt faculty in their professional development in Resident and Clinical Fellow education. This is accomplished by having medical Students, Residents and Clinical Fellows at our facility. Residents and Clinical Fellows may participate in care provided to patients at the Center.

## **COOL SPRINGS SURGERY CENTER PATIENT RIGHTS AND RESPONSIBILITIES**

Be informed that the following physician has a greater than 5% ownership interest in the facility: Lloyd King, MD, 2105 Edward Curd Lane, Franklin, TN 37067, NPI# 1811084916. In addition, the following entities have a greater than 5% ownership interest in the facility: Vanderbilt Health Services and Surgery Partners, Inc.

### **THE PATIENT IS RESPONSIBLE FOR:**

Follow the treatment plan recommended by your care-givers.

Report any concerns to your healthcare provider.

Alert staff to any privacy concerns you might have.

Being considerate of other patients and personnel and for assisting in the control of noise, smoking, 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, for notifying the facility and physician.

Providing caregivers 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, forfeiting the right to care at the facility and being responsible for the outcome.

Promptly fulfilling his or her financial obligations to the facility.

### **TO EXPRESS A CONCERN:**

You or your family/guardian have the right to express dissatisfaction to any staff member about any aspects of safety or the quality of care that has been provided without jeopardizing future care. Any staff member may help you contact the Cool Springs Surgery Center's Administrator or the Administrator may be reached by calling 615-468-2676 or by mail at 2009 Mallory Lane, Ste. 100, Franklin, TN 37067

Cool Springs Surgery Center participates in the Joint Commission accreditation process. You may also contact the Joint Commission with comments or concerns related to your experience at this Center to:

## **COOL SPRINGS SURGERY CENTER PATIENT RIGHTS AND RESPONSIBILITIES**

Office of Quality and Patient Safety:

Phone: (630) 792-5800; Fax: (630) 792-5636

E-Mail: [patientsafetyreport@jointcommission](mailto:patientsafetyreport@jointcommission).

Mail: Office of Quality and Patient Safety

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

The Tennessee Department of Health is also available to assist you with any questions or concerns.

State of Tennessee, Department of Health

Bureau of Manpower and Facilities

Middle Tennessee Regional Office

710 Hart Lane, First Floor

Nashville, TN 37247-0530

Phone (615) 650-7100

Fax (615) 650-7101

If you have TennCare and have problems with getting medical care, please ask staff for information on obtaining a "TennCare Medical Appeal" form. TNCARE Solutions is also available to assist you.

TNCARE Solutions

PO Box 593

Nashville, TN 37202-0593

Phone: 1-800-878-3192

TTY/TDD: 1-800-772-7647

Espanol: 1-800-254-7568

You may contact the Office of the Medicare Beneficiary Ombudsman at 1-800-MEDICARE or at <https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>