



PATIENT RIGHTS

Tallgrass Surgical Center, LLC has adopted the following notice of patient rights. Each patient or patient representative or patient surrogate will be provided verbal and written notice of these rights prior to the start of the procedure.

These rights include, but are not limited to, the patient's right to:

1. Be informed of the Center's policies regarding patient rights.
2. Exercise his/her rights without being subjected to discrimination or reprisal.
3. Voice grievances regarding treatment or care that is (or fails to be) furnished, and to report abuse, neglect or exploitation. The patient or patient's representative may contact one or more of the following:

Tallgrass Surgical Center, LLC
ATTN: Administrator/Risk Manager
6001 SW 6th Ave.; Suite 100
Topeka, Kansas 66615
(785) 272-8807

Kansas Department of Health & Environment
1000 SW Jackson
Topeka, Kansas 66612
1-800-842-0078

A written notification of the grievance determination containing the Center's contact person, steps taken on the patient's behalf to investigate, the results and completion date will be provided if a grievance is filed with the Center.

4. Contact the Office of the Medicare Beneficiary Ombudsman at www.cms.hhs.gov/center/ombudsman.asp. They ensure Medicare beneficiaries receive the information and help needed to understand their Medicare options and to apply their Medicare rights and protections.
5. Be fully informed about a treatment or procedure, the expected outcome and potential complications before it is performed. This includes complete information concerning diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information, the information is provided to a person designated by the patient or to a legally authorized person.
6. Exercise his/her rights while receiving respect for property and person. (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 law may exercise the patient's rights to the extent allowed by State law.)
7. Personal privacy and security of self and belongings during medical/surgical treatments, and when requested as appropriate.
8. Confidentiality of patient disclosures and records, and except when required by law, the opportunity to approve or refuse their release.
9. Receive care in a safe setting affording respect, dignity, consideration and comfort from competent personnel.
10. Be free from all forms of abuse or harassment.
11. Receive assessment and management of pain.
12. Access information contained in the patient's medical record, within the limits of state law.
13. Knowledge of the name and credentials of the physician and other health care professionals who are caring for him/her. The patient has the right to change his/her provider if other qualified providers are available.

14. Examine and receive an explanation of his/her bill regardless of source of payment including fees for service and payment policies.
15. Refuse or choose to participate in experimental research.
16. Receive the Center's policy on advance directives, advance directive forms and state regulations as requested.
17. Receive reasonable attempts to communicate in the language or manner primarily used by him/her.

PATIENT RESPONSIBILITY

The care a patient receives depends partially on the patient him/herself. A patient has certain responsibilities as well. These responsibilities are presented to the patient in the spirit of mutual trust and respect and require the patient to:

1. Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
2. Provide a parent or legal guardian to remain with him/her in the Center if a minor or if unable to sign his/her consents.
3. Follow the treatment plan prescribed by his/her provider.
4. Provide a responsible adult to transport him/her home from the Center and remain with him/her for 24 hours, if required by his/her provider.
5. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
6. Accept personal financial responsibility for any charges not covered by his/her insurance.
7. Be respectful of all the health care providers and staff, as well as other patients.

ADVANCE DIRECTIVE POLICY

Tallgrass Surgical Center, LLC respects and honors the right all patients have to participate in their own health care decisions. Patients may formulate advance directives or execute powers of attorney authorizing others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make or communicate decisions. We are happy to provide advance directive and durable power of attorney forms and access to state regulations should you request. The Center will maintain documents you provide in your medical record.

However, unlike in an acute care hospital setting, the Center does not routinely perform "high risk" procedures. Most procedures performed in this Center are considered to be of minimal risk. Of course, no surgery is without 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.

It is our policy to initiate resuscitation or other stabilizing measures and transfer you to an acute hospital for further evaluation should an adverse event occur during your treatment at this Center, regardless of the content of any advance directive or instructions from a health care surrogate or attorney.

If you do not agree with this policy, we can assist you in rescheduling your procedure at an alternate health care facility.

PHYSICIAN OWNERSHIP

The physician who referred you to Tallgrass Surgical Center, LLC may have a limited investment in this Center and, therefore, may have a financial interest in referring you to us. You are free to choose another facility in which to receive the services ordered by your physician. A list of physician owners is posted in our lobby and on our website (www.tallgrasstopoka.com) and is available upon request.

THANK YOU FOR CHOOSING TALLGRASS!