



West Michigan Surgery Center
20095 Gilbert Road, Suite A, Big Rapids, MI 49307

PATIENT NOTIFICATION

DISCLOSURE OF OWNERSHIP

West Michigan Surgery Center, LLC is 100% owned by Dr. Girish Juneja

Patient Rights:

- The patient has the right to considerate and respectful care.
- The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.
- The patient has the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees.
- The patient has the right to make
- decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and to be informed of the medical consequences of this action.
- The patient has the right to full consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
- The patient has the right to confidential treatment of all communications and records pertaining to his/her care. Written permission shall be obtained before medical records are released to any parties entitled to review their contents.
- The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
- The patient has the right to expect that a reasonable response will be made to reasonable requests for appropriate and medically indicated care and services.
- The patient has the right to reasonable continuity of care and to know patient care options when facility care is no longer appropriate.
- The patient has the right to information about experimental procedures proposed as part of his/her care and to refuse to participate in such research.
- The patient has the right to treatment without regard to race, religion, color, national origin, sex, age, disability, marital status, sexual preference, or source of payment..
- The patient has the right to examine and receive an explanation of his/her bill regardless of the source of payment.
- The patient has the right to express any grievances or suggestions verbally or in writing.
- The patient has the right to have all patients rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.

- The patient has the right to have in effect advanced medical directives concerning such issues as living wills and durable powers of attorney that will be identified to the Center and followed as appropriate under State and Federal Regulations.
- The patient has the right to be free from mental and physical abuse and from physical and chemical restraints, except those restraints authorized in writing by the attending physician for a specified and limited time or as are necessitated by an emergency to protect the patient from injury to self or others, in which case the restraint may only be applied by a qualified professional who shall set forth in writing the circumstances requiring the use of restraints and who shall promptly report the action to the attending physician.
- A patient or resident is entitled to information about the health facility or agency rules and regulations affecting patient care and conduct.
- A patient is entitled to adequate and appropriate pain and symptom management as a basic and essential element of his or her medical treatment.

Patient Responsibilities:

- Provide, to the best of knowledge, accurate and complete information about present health status and past medical history and reporting any unexpected changes to the appropriate practitioner.
- Follow treatment plan recommended by the primary practitioner involved in care.
- Provide adult transportation home after procedure and adult home care for first 24 hours after procedure.
- Indicate understanding of contemplated course of action and what is expected of the patient.
- Accept results of own actions for refusal of treatment, leaving the facility against the advice of the practitioner, and/or not following the practitioner's instructions relating to care.
- Assuring that the financial obligations of care are fulfilled as indicated.
- Provide information about and/or copies of any living will, power of attorney or other directives desired.
- Interactions with care givers and facility shall be with respect and consideration.

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. This surgery center respects and upholds those rights.

However, unlike in an acute care hospital setting, the surgery center does not routinely perform "high risk" procedures. Most procedures performed in this facility 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 needed after your surgery.



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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 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 treatment 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 policy by your signature below does not revoke or invalidate any current health care directive or health care power of attorney.

If you do not agree to this policy, we are pleased to assist you to reschedule the procedure.

Patient Complaint or Grievance

- If you have a problem or complaint, please speak to the receptionist or your care giver. We will address your concern(s) promptly.
- If necessary, your problem or complaint will be advanced to the Administrator for resolution. You will receive a letter or phone call to inform you of the actions taken to address your complaint. Please address your complaint to:

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- If you are not satisfied with the resolution of the Surgery Center, you may contact:

Department of Community Health
Bureau of Health Systems (BHS), Division of Operations
Complaint Investigation Unit
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

- You may also contact AAAHC by mail at:

Accreditation Association for
Ambulatory Health Care, INC.
5250 Old Orchard Road, Suite 200
Skokie, IL 60077

- All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage at:

www.cms.gov/center/ombudsman

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS:

By: _____ Date: _____
(Patient/Patient Representative Signature)