

STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES

Patient Rights and Responsibilities were established with the expectation that the observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, family, physician and the facility caring for the patient.

Patients shall have the following rights without discrimination based on age, race, color, sex or sexual orientation, national origin, religion, culture, handicap, personal values or belief systems.

THE PATIENT HAS THE RIGHT TO:

Be treated with respect, consideration, and dignity at all times.

Receive the appropriate treatment and care necessary to help regain or maintain his/her maximum state of health, including the assessment and management of pain.

Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience to perform the services for which they are responsible with the highest quality of service. Patients have the right to inquire and be informed regarding the criteria for credentialing of medical staff.

Expect continuity of care among the healthcare team. This includes communication within the center as well as information given upon discharge or transfer.

Expect full recognition of individuality, including privacy in treatment and care.

Be fully informed of known information, given in understandable terms and language, concerning their diagnosis, treatment and prognosis, as well as alternate treatments or procedures and the possible risks and side effects associated with treatment. When it is medically inadvisable to give such information to the patient, the information shall be provided to a person designated by the patient or to a legally authorized person.

Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care, and to be informed of arrangements made to transfer care to another facility, if necessary. Marketing or advertising regarding the competence and/or capabilities of the organization will not be misleading to patients. Such information includes:

FPSC performs Dental, ENT, General, Gynecologic, Ophthalmologic, Oral, Orthopedic, Pain Management, Plastic, Podiatric, and Urologic procedures. This facility is licensed by the State of Texas, accredited by the Accreditation Association for Ambulatory Health Care, Inc (AAAHC), and is certified to provide care to Medicare and Medicaid patients.

The operation hours of the center are 6:00 a.m. to 5:00 p.m. Monday through Friday. NO OVERNIGHT SERVICES are provided at this facility. In the event that your physician feels that you may need overnight care, you will be transferred to a local hospital.

This facility provides NO AFTER HOURS EMERGENCY CARE. Should you have a medical emergency following your discharge from FPSC, **call 911** and/or go to the emergency room.

Be fully informed of related fees for services rendered. Patients have the right to an explanation of all facility charges and to expect the facility to adhere to applicable payer contract guidelines.

Be a participant in decisions regarding their healthcare such as intensity and scope of treatment. Patients have the right to refuse any recommended medical treatment and to be informed of the medical consequences of such a refusal. Patients may also change primary or specialty physicians or dentists if other qualified physicians or dentists are available. 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.

Have rights provided and explained in a language and manner that can be understood, including to patients who do not speak English or have limited communication skills. Please inform the facility if interpretive or other communication services are needed.

Have patient records and communications treated confidentially and have the opportunity to approve or refuse the release of medical records, except as required by law, such as in the case of transfer to another health facility or according to their payment contract.

Be informed of any human experimentation or other research/educational projects affecting his/her care or treatment and to refuse participation in such experimentation or research without compromise to the patient's usual care.

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

Make informed decisions regarding their care and to formulate an advance directive. FPSC, consistent with State law, does not honor advance directives with regard to elective procedures performed in this facility. In the event of deterioration in health status, resuscitative measures will be taken and the patient will be transferred to a hospital. Any patient may refuse treatment once informed of this surgery center policy, and alternative arrangements will be made. Official State advance directive forms are available upon request.

Be informed of relationships between the facility and other healthcare providers and/or institutions. Fish Pond Surgery Center (FPSC) is a multi-specialty surgery center performing over 5,000 procedures annually. FPSC is owned by FPSC II, LLC, General Partner. This entity is comprised primarily of physician owners.

Ownership of FPSC is listed below:

John Bagnasco, M.D.	Katherine Haynes, M.D.	David Pinkstaff, M.D.
Noelle Baker, M.D.	David Hoffman, M.D.	Jeffrey Sanders, M.D.
Kyle Ballew, D.P.M	Bradford Holland, M.D.	Donald Stewart, M.D.
Jacob Battle, M.D.	Benjamin LaGrone, M.D.	Mark Story, M.D.
John Bawduniak, M.D.	Jeffrey Leinfelder, M.D.	Russell Swann, M.D.
Jerry Benham, M.D.	Karina Loya, D.P.M.	James Tandy, M.D.
Mace L. Brindley, M.D.	Nolan Malthesen, M.D.	William Turney, M.D.
Jeff Chancellor, M.D.	Michelle Manning, M.D.	Providence Health Care Network
Chad Conner, M.D.	Todd Moffatt, M.D.	Compass Surgical Partners
Mitchell Eichhorn, M.D.	Mark Moore, M.D.	
Jon Marc Goodnight, M.D.		

Be free from mental, physical, sexual, or verbal abuse and has the right to have any such allegations investigated by the facility through our grievance process.

Express suggestions, complaints, or grievances at any time without fear of reprisal or discrimination. We appreciate you choosing FPSC for your outpatient surgical care. We strive for excellence and welcome any comments you have regarding your experience with us. FPSC has an established grievance policy which is available to all patients and visitors of the center at any time the problem becomes known to the patient or the patient's representative or surrogate:

Grievances may be submitted orally or in writing. To report a grievance, contact the facility Administrator by phone at 254-751-9836 or by mail at the address listed at the top of this page. The Administrator will investigate and return written receipt of such grievance within 14 days with an expected resolution date of no more than 60 days from notification of such grievance. Every effort will be made to resolve the grievance to the patient's satisfaction.

If the patient or their representative or surrogate is not satisfied with the resolution of a grievance or if they have issues regarding the quality of care provided, they may contact:

Texas Department of State Health Services
• **Complaint hotline:** (888) 973-0022

- **Form:** [Health Facility Complaint Form](#) (PDF, 60KB) see copyable version in forms section at the end of chapter one
- **Email:** hfc.complaints@dshs.texas.gov
- **Mailing address:**
Health Facility Compliance Group (MC 1979)
Texas Department of State Health Services
P.O. Box 149347
Austin, TX 78714-9347

Additionally, the role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help needed to understand their Medicare options and to apply their Medicare rights and protections. The Office of the Medicare Beneficiary Ombudsman may be contacted at:

- www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html

**If a court of proper jurisdiction has granted guardianship of the patient to another party (adjudged incompetent) or if a party is designated by the patient, such party may exercise these rights to the extent allowed by State law and must abide by the responsibilities listed below.

THE PATIENT (OR HIS/HER REPRESENTATIVE OR SURROGATE) HAS THE RESPONSIBILITY TO:

Provide to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, surgeries, allergies or sensitivities, medications, including over-the-counter products and dietary supplements, and other matters relating to his/her health.

Follow the treatment plan and participate in own care by observing the rules, policies, recommendations, and instructions of the facility and its medical providers during all phases of the patient's treatment; and, if not observed, be responsible for the outcome and/or forfeit the right to care at the facility.

A patient is responsible for making it known whether he/she clearly comprehends the procedure contemplated. Ask questions or seek clarification if understanding is not complete. Advise the facility if the patient has barriers to learning including language, visual, or auditory needs.

Report changes in condition to the physician and facility in a timely manner. Advise staff regarding pain management needs.

Assure that the financial obligations for his/her health care are fulfilled according to the financial requirements of the surgery center and applicable payer plans. The patient is responsible for providing accurate insurance information.

Be considerate and behave respectfully toward healthcare professionals, staff, and patients.
Assist in the control of noise and other distractions.

Show appropriate respect for the property of others and the facility. FPSC is a non-smoking facility.

Assume care of patient's valuables, as the Center does not assume the responsibility.

Keep appointments, and when unable to do so for any reason, notify the facility and the physician.

Remain with them for 24 hours, if required by the patient's provider.