

Patient complaints or grievances may also be filed through the Pennsylvania Department of Health. For complaints regarding an Ambulatory Surgical Facility please contact the Pittsburgh Field Office of the Division of Acute and Ambulatory Care at (412) 565-5176 or the main office at:

Pennsylvania Department of Health
Division of Acute and Ambulatory Care
Room 532, Health & Welfare building
625 Forster Street
Harrisburg, PA 17120
1-800-254-5164

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

www.cms.hhs.gov/center/ombudsman.asp

EXHIBIT A

Physicians with financial or ownership interests in
Butler Ambulatory Surgery Center:

Constantine A. Balouris, M.D.
Stephen D. Campanella, M.D.
Michael A. Crawford, D.P.M.
Melissa DeRenzo, M.D.
Meng-G Martin Lee, M.D.
Peter J. Molloy, M.D.
Mark C. Musmanno, M.D.
Victor E. Nieto, M.D.
Timothy Perschke, D.P.M.
H. James Pfaeffle, M.D., PhD
Donald C. Santora, M.D.
Anthony Smaldino, D.P.M.
S. Joshua Szabo, M.D.
Donald A. Walters, D.O.
Keith Welker, M.D.
Krysia Zancosky, D.O.

BUTLER AMBULATORY SURGERY CENTER d/b/a THE SURGERY CENTER at BENBROOK PATIENT ACKNOWLEDGEMENT

BY SIGNING THIS DOCUMENT I ACKNOWLEDGE THAT I HAVE RECEIVED THE FOLLOWING DISCLOSURES PRIOR TO THE DATE OF ADMISSION

1. Your Rights Under Pennsylvania And Federal Law (Page 3)
2. Patient's Responsibilities (Page 6)
3. Policy on Advance Health Care Directives (Page 6)
4. Disclosure of Financial Relationships (Page 7)
5. Patient Complaints or Grievances (Page 7)

BY: _____
(Patient/Patient Representative Signature)

PRINT NAME: _____

DATE: _____

Instructions:

- Sign and date as shown.
- Remove Patient Acknowledgement Document (Page 1) at perforation on left.
- Please take the signed Patient Acknowledgement (Page 1) with you to the Butler Ambulatory Surgery Center on the day of your procedure,
OR
Fax the signed document to (724) 431-0759

- how those decisions would be made, and
- what instructions you may wish to give your doctor and your agent about these health care decisions

A sample advance directive form may be obtained without charge from The Surgery Center at Benbrook or from the Allegheny County Medical Society at <http://www.acms.org/lw/lwill61.pdf>.

The majority of procedures performed at the Surgery Center are considered to be of minimal risk. Of course, no surgery is without risk. You and your surgeon will have discussed the specifics of your procedure and the risks associated with your procedure, the expected recovery and the care after your surgery.

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 minimal risk. Of course, no surgery is completely without risk. You will discuss the specifics of your procedure with your physician who will advise you about any associated risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of an Advance Directive or instructions from a Health Care Surrogate or Power of Attorney, 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. The acute care hospital will order further treatment or withdrawal of treatment measures in accordance with your wishes, Advance Directive or Health Care Power of Attorney.

It is our policy that all patients are treated as a “Full Code” at the Surgery Center and that means all measures to resuscitate and sustain life will be taken.

If for any reason you do not agree with this policy, please inform us and we can assist you in selecting another location for your surgery.

4. DISCLOSURE OF FINANCIAL RELATIONSHIPS

A list of all physicians with financial or ownership interests in the Center is attached as Exhibit A. Your physician may have a financial or ownership interest in the Center. In such event, under Pennsylvania Act 66 of 1998, your physician shall advise you of that financial or ownership interest, and shall advise you that you are free to choose another facility or entity to provide the service, drug, device or equipment for which the physician has referred you to the Center.

5. PATIENT COMPLAINTS OR GRIEVANCES:

The patient, or the patient’s representative, as appropriate, may file a grievance, verbally or in writing, before the date of the scheduled procedure, on the date of the procedure, or after the date of the procedure.

2. PATIENT'S RESPONSIBILITIES:

Provision of Information. The patient has the responsibility to provide, to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health. They have the responsibility to report unexpected changes in their condition(s) to the responsible practitioner. A patient is responsible for making it known whether they clearly comprehend a contemplated course of action and what is expected of them.

Compliance with Instructions. The patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for their care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioners orders, and as they enforce the applicable facility rules and regulations. The patient is responsible for keeping appointments and, when is unable to do so for any reason, for notifying the practitioner or the facility.

Refusal of Treatment. The patient is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.

Facility Charges. The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

Facility Rules and Regulations. The patient is responsible for following facility rules and regulations affecting patient care and conduct.

Respect and Consideration. The patient is responsible for being considerate of the rights of other patients and facility personnel and for assisting in the control of noise, smoking and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the facility.

3. POLICY ON ADVANCE HEALTH CARE DIRECTIVES:

An Advance Health Care Directive is a written set of instructions expressing your wishes for medical treatment. It may contain a Health Care Power of Attorney, where you name a person called a "Health Care Agent" to decide treatment for you. It may contain health care treatment instructions, or a "Living Will", where you tell your health care agent and health care providers your choices about starting, continuing, refusing or stopping life-preserving treatment and other specific directions. Often, it contains both a Living Will and a Health Care Power of Attorney.

In the Commonwealth of Pennsylvania, 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.

In Pennsylvania, you have the legal and ethical right to make your own decisions about the type of health care you want. As long as you are well enough, your physicians will involve you directly in making decisions about your medical treatment. However, if you are unable to make decisions about your care, others will have to make these decisions for you. You have the right to decide

- who will make these decisions for you
- when someone can speak for you

BUTLER AMBULATORY SURGERY CENTER d/b/a THE SURGERY CENTER at BENBROOK STATEMENT OF PATIENT RIGHTS

1. YOUR RIGHTS UNDER PENNSYLVANIA AND FEDERAL LAW:

A patient has the right to respectful care given by competent personnel.

A patient has the right, upon request, to be given the name of his attending practitioner, the names of all other practitioners directly participating in his care and the names and functions of other health care persons having direct contact with the patient.

A patient has the right to consideration of privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.

A patient has the right to have records pertaining to his medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.

A patient has the right to know what rules and regulations of the facility apply to his conduct as a patient.

A patient has the right to expect emergency procedures to be implemented without unnecessary delay.

A patient has the right to good quality care and high professional standards that are continually maintained and reviewed.

A patient has the right to full information in layman's terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the responsible person.

Except for emergencies, a patient's doctor shall obtain the necessary informed consent prior to the start of a procedure. Consent is "informed" if the patient has been given a description of a procedure and the risks and alternatives that a reasonably prudent patient would require to make an informed decision as to that procedure. The informed consent shall include, at a minimum,

- A description of the proposed procedure, including the anesthesia to be used;
- The indications for the proposed procedure;
- Material risks and benefits for the patient related to the procedure and anesthesia, including the likelihood of each, based on the available clinical evidence, as informed by the responsible practitioner's clinical judgment.
- Treatment alternatives, including the attendant material risks and benefits;
- The probable consequences of declining recommended or alternative therapies;
- Who will conduct the surgical intervention and administer the anesthesia;
- Whether physicians other than the operating practitioner will be performing important tasks related to the procedure, including: opening and closing, dissecting tissue, removing tissue, harvesting grafts, transplanting tissue, administering anesthesia, implanting devices and placing invasive lines;
- Whether, as permitted by State law, qualified medical practitioners who are not physicians will perform important parts of the procedure or administer the anesthesia, and if so, the types of tasks each type of practitioner will carry out; and that such practitioners will be performing only tasks within their scope of practice for which they have been granted privileges by the hospital.

A patient or, if the patient is unable to give informed consent, a responsible person, has the right to be advised when a practitioner is considering the patient as a part of a medical care research program or donor program, and the patient, or responsible person, shall give informed consent prior to actual participation in the program. A patient, or responsible person, may refuse to continue in a program to which he has previously given informed consent.

A patient has the right to refuse drugs or procedures, to the extent permitted by statute, and a practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.

A patient has the right to medical and nursing services without discrimination based upon age, race, color, religion, sex, national origin, handicap, disability or source of payment.

A patient who does not speak English shall have access, where possible, to an interpreter.

The Center shall provide the patient, or patient designee, upon request, access to the information contained in his medical records, unless access is specifically restricted by the attending practitioner for medical reasons.

A patient has the right to expect good management techniques to be implemented within the Center. These techniques shall make effective use of the time of the patient and avoid the personal discomfort of the patient.

When an emergency occurs and a patient is transferred to another facility, the responsible person shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.

A patient has the right to examine and receive a detailed explanation of his bill.

A patient has the right to expect that the Center will provide information for continuing health care requirements following discharge and the means for meeting them.

A patient has the right to be informed of his rights before admission, except when the referral to the Center for surgery is made on that same date; and the referring physician indicates, in writing, that it is medically necessary for the patient to have the surgery on the same day, and that surgery in an ASC setting is suitable for that patient. In such situations the Center must provide the required notice prior to obtaining the patient's informed consent.

A patient has the right to--

- (i) Exercise his or her rights without being subjected to discrimination or reprisal.
- (ii) Voice grievances regarding treatment or care that is (or fails to be) furnished.
- (iii) Be fully informed about a treatment or procedure and the expected outcome before it is performed.

If a patient is adjudged incompetent under State law 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.

A patient has the right to--

(1) **Personal privacy**, including the patient's basic right to respect, dignity, and comfort. "The right to personal privacy" includes at a minimum, that patients have privacy during personal hygiene activities (e.g., toileting, dressing), during medical/surgical treatments, and when requested as appropriate. People not involved in the care of the patient should not be present without the patient's consent while the patient is being examined or treated. Video or other electronic monitoring or recording methods should not be used when the patient is being examined without the patient's consent. If a patient requires assistance during toileting and other personal hygiene activities, staff should assist, giving the utmost attention to the patient's need for privacy. Privacy should also be afforded when staff visits the patient to discuss clinical care issues or conduct any examination. A patient's right to privacy may be limited in situations where a person must be continuously observed, such as when there is an emergency and transfer to a hospital is pending.

(2) **Receive care in a safe setting**. Each patient should receive care in an environment that a reasonable person would consider to be safe. Our staff will follow current standards of practice for patient environmental safety, infection control, and security. Our staff will also provide protection for the patient's emotional health and safety as well as the patient's physical safety. Respect, dignity, and comfort are components of an emotionally safe environment.

(3) **Be free from all forms of abuse or harassment**. We will take steps to prohibit all forms of abuse, neglect (as a form of abuse), and harassment from staff, other patients, or visitors. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish or mental illness and neglect is the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Harassment is the creation of an unpleasant or hostile situation, especially by uninvited and unwelcome verbal or physical conduct.

(4) **Confidentiality of Clinical Records**. The patient has the right to confidentiality of his or her clinical records maintained by the Center. Access to or release of patient information and clinical records is permitted only with written consent of the patient or the patient's representative or as authorized by law. Each patient will receive our Notice of Privacy Practices setting forth our obligations under the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security rules.

NONDISCRIMINATORY POLICY

Butler Ambulatory Surgery Center has agreed to comply with the provisions of the Federal Civil Rights Act of 1964 and the Pennsylvania Human Relations Act and all requirements imposed pursuant thereto to the end that no person shall, on the grounds of race, color, national origin, ancestry, age, sex, religious creed, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination in the provision of any care or service.

Butler Ambulatory Surgery Center has enacted and enforces a Nondiscriminatory Policy which applies to all patients and staff. The Policy includes a prohibition on the segregation of buildings, wings, floors and rooms (where applicable) for reasons of race, color, national origin, ancestry, age, sex, religion, handicap or disability. Specifically, the Butler Ambulatory Surgery Center Policy prohibits discrimination and denial of benefits for the protected classes mentioned above for all of the following:

- Inpatient or outpatient admission or care,
- Assigning patients or residents to rooms, floors and sections (if applicable),
- Asking patients or residents about roommate preferences (if applicable),
- Assignment of staff to patient or resident services,
- Staff privileges of professionally qualified personnel,
- Utilization of the health care facility,
- Transfers of patients or residents from their rooms (if applicable).