PATIENT RIGHTS

- 1. To become informed of his/her rights as a patient in advance of the day of the procedure or when discontinuing the provision of care, patient may use an appointed representative. The patient may have a family member or representative of his/her choice involved in his/her care.
- 2. Exercise these rights without being subject to reprisal or discrimination with regard to race, sex, cultural, educational or religious background or the source of payment for care. To have considerate and respectful care, in a safe environment free from all forms of abuse or harassment.
- 3. Remain free from seclusion or restraints of any form that are not medically necessary.
- 4. Coordinate his/her care with physicians and receive information about illness, course of treatment and the prospects for recovery in terms that he/she can understand.
- Receive information about any proposed treatment or procedures as needed and the expected outcome, to give informed consent or to refuse treatment.
 Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment and the risks involved.
- 6. Full consideration of patient privacy concerning consultation, examination, treatment and surgery.
- Confidential treatment of all communications and records pertaining to patient care. Written permission will be obtained before medical records can be
 released to anyone not directly concerned with the patient care. Patient will have access to information in the medical record within a reasonable time
 frame (48 hours).
- 8. May leave the facility even against medical advice.
- 9. To make or file a complaint or grievance, to communicate any of his/her healthcare problems; to voice grievances regarding treatment or care that is (or file to be) furnished and receive written notice of the ASC's decision within 10 days unless otherwise notified.
- 10. Be informed by physician or designee of the continuing healthcare requirements after discharge.
- 11. Examine and receive an explanation of the bill regardless of source of payment.
- 12. Have all patient's rights apply to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
- 13. All facility personnel performing patient care activities shall observe these above rights.

PATIENT RESPONSIBILITIES

- 1. The patient has the responsibility to provide accurate and complete information concerning present complaints, past illnesses, hospitalizations or any other health issues.
- 2. The patient is responsible for making it known whether the planned procedure/treatment risks, benefits and alternative treatments have been explained and understood.
- 3. The patient is responsible for following the treatment plan established by the physician, including instructions by nurses and other healthcare professionals, given by the physician.
- 4. The patient is responsible for keeping appointments or notifying the facility/physician in advance if unable to do so.
- 5. The patient accepts full responsibility for refusal of treatment and/or not following directions.
- 6. The patient is responsible for assuming that the financial obligations of his/her care are fulfilled as promptly as possible.
- 7. The patient is responsible for being respectful of the rights of others in the facility and is responsible for following facility policies and procedures.
- 8. The patient is responsible for notifying the staff if he/she has any concerns, feel his/her safety is being threatened or feel his/her privacy is being violated.
- The patient is responsible for providing a responsible adult to transport them home from the facility and to remain with him/her for the first 24 hours.
 The patient is responsible for informing the staff about a living will, medical power of attorney, or other advance directives that could affect his/her care.
 - PHYSICIAN OWNERSHIP

Samson Pain Center is exclusively owned and operated by James D. Ellner M.D. ADVANCE DIRECTIVES

It is the policy of Samson Pain Center to ask each patient about any advance directives they may have executed and place a copy in the medical record. However, it will not be enforced as long as the patient is present and being treated at Samson Pain Center. If an emergent event occurs, the patient will be treated and stabilized, then transferred to WellStar Kennestone Hospital, where a copy of the advance directives will be sent along with other pertinent patient information. If you are interested in information regarding Advance Directives, you can contact: Georgia Division of Aging Services, 2 Peachtree St. NW, Ste 9.398, Atlanta, GA 30303-3142 or call the Division's Information and Referral Specialist at (404)657-5319. Copies of the Advance Directives form and its instructions are available at no cost to you at the following websites:

 http://aging.dhs.georgia.gov/sites/aging.dhs.georgia.gov/files/imported/DHR-DAS/DHR-DAS Publications/ELAP-%20GEORGIA%20ADVANCE%20DIRECTIVE%20FOR%20HEALTH%20CARE-2012.pdf

• https://advocacy.gha.org/Home/Regulatory/Resources/advancedirectives.aspx

Complaints Against the Center Healthcare Facility Regulation 2 Peachtree Street, NW Atlanta, GA 30303-3142 (404) 657-5728 Complaints Against Physician
Composite State Board of Medical Examiners
ATTN: Ms. Gladys Henderson, Complaints Unit
2 Peachtree Street, NW, 36th Floor
Atlanta, GA 30303
(404) 657-6487

Complaints Against Nursing Staff Professional Licensing Boards Division Georgia Board of Nursing 237 Coliseum Drive Macon, GA (478) 207-1640

Center Administrator Issues Regarding Medicare
(770) 544-1000 Visit Medicare Ombudsman's Webpage at

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

or call 1-800-MEDICARE

I verify I have received and understand the information regarding physician ownership of Samson Pain Center, Patient Rights and Responsibilities, and the policy concerning Advance Directives prior to the date of my scheduled surgery.

| Patient Signature | Printed Patient Name | Date and Time |
|-------------------|----------------------|---------------|