SAVANNAH VASCULAR SURGERY CENTER

The Vein & Artery Experts

PATIENT RIGHTS AND RESPONSIBILITIES

THE PATIENT HAS THE RIGHT TO:

• Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.

• Expect personnel who care for the patient to be friendly, considerate, respectful, and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services

• Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure, and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.

• Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care and related fees for services rendered.

• Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.

• Make informed decisions regarding his or her care.

• Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the physician or facility.

• Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third-party payment contract.

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

• Express grievances/complaints and suggestions at any time.

• Be given assistance in changing primary care or specialty physicians if other qualified physicians are available.

• Provide patient access to and/or copies of his/her medical records.

• Be informed as to the facility's policy regarding advance directives/living wills.

• Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.

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

• Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English. The facility presents information in a manner and form, such as TDD, large print materials and interpreters, that can be understood by hearing and sight impaired individuals.

• Have an assessment and regular assessment of pain.

• Education of patients and families, when appropriate, regarding their roles in managing pain, as well as potential limitations and side effects of pain treatment, if applicable.

• Have their personal, cultural, spiritual and/or ethnic beliefs considered when communicating to them and their families about pain management and their overall care.

• Exercise his or her rights without being subjected to discrimination or reprisal.

• Voice grievances regarding treatment or care that is (or fails to be) furnished.

• Personal privacy.

• Receive care in a safe setting.

• Be free from all forms of abuse or harassment.

• To change providers if other qualified providers are available.

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 laws may exercise the patient's rights to the extent allowed by state law.

PATIENT RESPONSIBILITES

• Be considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.

• Respecting the property of others and the facility.

Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.

• Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.

• Providing care givers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.

• Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and is responsible for the outcome.

• Promptly fulfilling his or her financial obligations to the facility.

• Payment to facility for copies of the medical records the patient may request.

• Identifying any patient safety concerns.

ADVANCE DIRECTIVE NOTIFICATION

In the State of- Georgia, 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. Savannah Vascular Surgery Center respects and upholds those rights.

In accordance with Georgia law, this center must inform you that we are not required to honor and do not honor DNR directives. A healthcare power of attorney will be honored. If a patient should provide his/her advance directive a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician. The patient or his/her representative will be able to obtain any information they need to give informed consent before any treatment or procedure. Information concerning the state of Georgia advance directives for healthcare is available at the facility.

PATIENT GRIEVANCES

The patient and family are encouraged to help the facility improve its understanding of the patient's environment by providing feedback, suggestions, comments, and/or complaints regarding the service needs and expectations.

To report a complaint or grievance, you may contact the Clinical Director:

Clinical Director
Savannah Vascular Surgery Center
7208 Hodgson Memorial Drive, Savannah, GA 31406
Phone: 912-629-7840 | Fax: 912-355-1221

Complaints or grievances may also be filed through the State of Georgia:

The Georgia Department of Community Health
Healthcare Facility Regulation Division
Complaint Intake Unit
2 Martin Luther King Jr. Drive SE
East Tower
Atlanta, GA 30334
404-657-5726
Toll free (800) 878-6442
https://dch.georgia.gov/hfrd-file-complaint

All Medicare beneficiaries may file a complaint or grievance with the Medicare Beneficiary Ombudsman at: www.cms.hhs.gov/center/ombudsman.asp