

ROANOKE AMBULATORY

SURGERY CENTER

- WHAT WE ARE:** is an outpatient surgical and procedural facility licensed in the State of Virginia.
- WHO WE ARE:** is owned by physicians and Carilion Clinic, and was developed to provide a safe and comfortable medical facility that would provide efficient and effective services to patients.
- WHY WE WERE OPENED:** Outpatient care has been proven to increase patient comfort through personalized care while delivering quality services. Physicians and Carilion Clinic, joined together to open Roanoke Ambulatory Surgery Center to provide personal attention and quality services to their patients in and around Southwest Virginia.
- YOUR RIGHTS AS A PATIENT:** You have the right to choose the provider and the facility for your health care services. You will not be treated differently by your physician if you obtain health care services at another facility.
- YOUR CHOICE:** Your physician may have ownership interest in the Center. Please discuss with your surgeon your questions or concerns, if you may want to have your procedure at an alternative health care facility.
- CREDENTIALS:** All of the physicians and anesthetists have been credentialed according to AAAHC standards. Information is available upon request.
- PATIENT GRIEVANCES:** If patients have complaints or concerns in regard to your care at Roanoke Ambulatory Surgery Center, they are encouraged to fill out a grievance form, which is available upon request at the front desk. Contact numbers are available below.
- MALPRACTICE INSURANCE:** Your physician has malpractice insurance to meet the State of Virginia requirements or more.
- ADVANCE DIRECTIVES:** If you have an advance directive or living will, the Center will still transfer you to the closest hospital which will make decisions about following any advance directive or living will. You have a right to have your living will present in our medical record at the Center and to be informed of the Center's policy prior to the date of admission. State information and forms to prepare an advance directive, if you decide to have one, can be found at the following web site:
<http://www.vda.virginia.gov/pdfdocs/advmmeddir.pdf>

Consumer Complaints for the Virginia Department of Health

Write Virginia Department of Health Services 9960 Mayland Drive Suite 401 Richmond, VA 23233-1463

Visit www.vdh.virginia.gov/OLC/complaint

Call Complaint hotline at 1-800-955-1819

For Medicare: Office of the Medicare Ombudsman at www.cms.hhs.gov/center/ombudsman.asp

ROANOKE AMBULATORY SURGERY CENTER

DISCLOSURE OF OWNERSHIP

Roanoke Ambulatory Surgery Center is very proud to be associated with the following physicians who have an ownership interest in the Surgery Center:

Kurt Chen	Hugh Hagan
Vivian Mao	James Chandler
William Dichtel	Jonathan Carmouche
Donna Sharpe	Chris John
Geoffrey Harter	Joseph Moskal
Gregory Zachmann	John Mann
Mark Hanabury	Preston Waldrop
George Henning	Mark Hagy
Thomas Miller	Ned Hooper

Roanoke Ambulatory Surgery Center
1102 Jefferson Street, Roanoke VA 24016

The Federal laws which govern Medicare, Medicaid and other federally-funded programs and the public law of the State of Virginia (if state requirement) require that physicians who have an investment in an ambulatory surgery center inform their patients of that investment.

You may, of course, seek treatment at another ambulatory surgery center provider in which your physician does not have an investment.

This office can assist you in selecting an alternative facility and scheduling your appointment.

Your choice of facilities may be limited by your health plan and you may want to consult your health insurer employer prior to making a selection.

If you wish to have your surgery performed at a facility other than Roanoke Ambulatory Surgery Center, be assured that your choice of facility will in no way diminish the level of care you will receive from this medical practice.

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

The staff of this health care facility recognizes you have rights while a patient receiving medical care. In return, there are responsibilities for certain behavior on your part as the patient. These rights and responsibilities include:

A patient has the *right* to

- be treated with courtesy and respect, with appreciation of his individual dignity, and with protection of his need for privacy.
- a prompt and reasonable response to questions and requests.
- know who is providing medical services and who is responsible for his care.
- know what patient support services are available, including whether an interpreter is available if he does not speak English.
- know what rules and regulations apply to his conduct.
- be given by his health care provider information concerning diagnosis, a planned course of treatment, alternatives, risks, and prognosis.
- refuse treatment, except as otherwise provided by law.
- be given, upon request, full information and necessary counseling on the availability of known financial resources for his care.
- know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, or source of payment.
- treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- know if medical treatment is for purposes of experimental research and to give his consent or refusal to participate in such experimental research.
- express concerns regarding any violation of patient rights.
- have the right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.

A patient is *responsible* for

- **providing photo documents with current address to verify identity. If address is different on photo ID, provide a document (e. g. piece of mail) to verify current address. Failure to do so will result in surgery being cancelled.**
- providing to his health care provider, to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his health.
- reporting unexpected changes in his condition to his health care provider.
- reporting to his health care provider whether he comprehends a contemplated course of action and what is expected of him.
- following the treatment plan recommended by his health care provider.
- keeping appointments.
- his actions if he refuses treatment or does not follow the health care provider's instructions.
- assuring that the financial obligations of his health care are fulfilled as promptly as possible.
- following health care facility rules and regulations affecting patient care and conduct.

COMPLAINTS

If you have a question or concern about your rights or responsibilities, please let us know. We want to assure that we provide you with excellent service, including answering your questions and responding to your concerns. Please speak with the RASC Administration.

You may also choose to contact the licensing agency of the state,
Agency for Health Care Administration at 1-888-419-3456

If you are covered by Medicare, you may choose to contact the Medicare Ombudsman at:
1-800-MEDICARE (1-800-633-4227) or on line at www.Medicare.gov

PEDIATRIC BILL OF RIGHTS

IN ACCORDANCE WITH HEALTH AND SAFETY CODES, THE CENTER AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING LIST OF PEDIATRIC PATIENT RIGHTS:

1. Exercise these rights without regard to sex or culture, economic, educational, or religious background or the source of payment for your child's care.
2. Considerate and respectful care.
3. Knowledge of the name of the physician who has primary responsibility for coordinating your child's care and the names and professional relationships of other physicians who will see your child.
4. Parent/guardian will receive information from the child's physician about the child's illness, his/her course of treatment, and his/her prospects for recovery in easy to understand terminology.
5. Parent/guardian will receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, and knowledge of the name of the person who will carry out the procedure or treatment.
6. Participate actively in decisions regarding the child's medical care to the extent permitted by law, including the right of the parent/guardian to refuse treatment. The child will be included in all decisions as much as possible dependent on his/her age.
7. Full consideration of privacy concerning the child's medical program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The parent/guardian has the right to know the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to the child and his/her care stay in the center. The written permission of the parent/guardian shall be obtained before the child's medical records can be made available to anyone not directly concerned with the child's care.
9. Reasonable responses to reasonable requests that the parent/guardian or child may make for services including:
(a) explaining to the child that it is alright to be afraid and it is okay to cry; (b) keeping the child with the parents as much as possible within the written policy and guidelines of the Center; and (c) allow the child to keep a favorite toy, blanket, or the like with him/her at all times as appropriate.
10. The parent/guardian may leave the center with the child prior to the procedure and against the advice of the child's physicians. The Center will follow all State and Federal laws with regards to reporting suspected neglect or abuse.
11. Reasonable continuity of care and to know in advance the time and location of appointment as well as the physician providing the care.
12. Be advised if the Center/personal physician proposes to engage in or perform human experimentation affecting the child's care or treatment. The parent/guardian has the right to refuse to participate in any such research projects.
13. Be informed by your child's physician or a delegate of the physician of your child's continuing health care requirements following discharge from the Center.
14. If you have concerns about the care being provided in this licensed ambulatory surgery center, you may file a complaint with the Department of Health during normal work hours. You may also wish to discuss your concerns with the Administrative Director of this facility.

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. We must follow the privacy practices described in this Notice while it is in effect. We reserve the right to change the terms of this Notice and to make the new Notice effective for all future protected health information we maintain. We will post the most current Notice and make the new Notice available to anyone. You may request a copy of current Notice at any time. This Privacy Notice also describes your rights to access and control your "protected health information" which is health information that is created or received by your health care provider.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We will use and disclose health information to provide treatment, obtain payment, and conduct health care operations.

1. **Treatment:** To provide and coordinate your health care. For example, we may disclose protected health information to physicians or other health care professionals who may be treating you or consulting with us. Examples include your physicians, anesthesia provider, or pharmacist.
2. **Payment:** To obtain payment for the services. This may include contact with your insurance company to get the bill paid and to determine benefits of your health plan. We may also disclose information to another provider involved in your care so the provider gets paid. For example, we may give information to anesthesia providers so they can contact your insurer about payment for their services.
3. **Operations:** To perform our own health care activities such as quality assessment and improvement, licensing, or credentialing, and general business administration.
4. **Other Uses and Disclosures:** To remind you of appointments or to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, or to notify family or others involved in your care concerning your location or condition. You may object to these disclosures. If you do not or cannot object, we will use our professional judgment to make reasonable assumption about to whom we can make disclosures.
5. **Other Uses and Disclosure Permitted:** To comply with laws and regulations.
 - A. **When Legally Required** by any federal , state or local law.
 - B. **When There Are Risks to Public Health** such as:
 - To prevent, control, or report disease, injury or disability as required or permitted by law.
 - To report vital events such as birth or death as required by law.
 - To conduct public health surveillance, investigations and interventions as required by law.
 - To collect or report adverse events and product defects, track Food and Drug Administration (FDA) regulated products, enable product recalls, repairs or replacements and reviews.
 - To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
 - To report to an employer information about an individual who is a member of the workforce as legally permitted or required.
 - C. **To Report Suspected Abuse, Neglect Or Domestic Violence** as required by law.
 - D. **To Conduct Health Oversight Activities** such as audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensing or disciplinary actions; or other activities necessary for appropriate oversight as required or authorized by law.
 - E. **In Connection With Judicial And Administrative Proceedings** such as in the course of any judicial or administrative proceeding.
 - F. **For Law Enforcement Purposes.** Examples are:
 - As required by law for reporting of certain types of wounds or other physical injuries.
 - Upon court order, court-ordered warrant, subpoena, summons or similar process.
 - For the purpose of identifying or locating a suspect, fugitive, material witness or missing person
 - Under certain limited circumstances, when you are the victim of a crime.
 - To law enforcement if there is concern that your health condition was the result of criminal conduct.
 - In an emergency to report a crime
 - G. **For Organ Donation or to Coroners or Funeral Directors** such as for organ, eye, or tissue donations; identification purposes; performing other duties authorized by law.
 - H. **For Research Purposes** when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

- I. In the Event of a Serious Threat to Health or Safety** and consistent with applicable law and ethical standards of conduct, if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.
- J. For Specified Government Functions** relating to military and veterans activities, national security, protective services, medical suitability determinations, correctional institutions, and law enforcement situations.
- K. For Worker's Compensation** to comply with worker's laws or similar programs.

PATIENT RIGHTS

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action based upon the authorization. At the end of this Privacy Notice is information about how to contact the Privacy Officer to request information, copies, express concerns, complain, or authorize additional uses and disclosures of your health information.

YOU HAVE THE RIGHT TO:

1. **See and copy your medical records** and other records used to make treatment and payment decisions about you. There are some limitations, based upon the federal law. You must submit a written request. We may charge you a fee for copying, mailing or incurring other costs in complying with your request. We may deny your request to see or copy your protected health information if, in our professional judgment, we determined that the access requested is likely to endanger life or safety of you or another person. You have the right to request a review of this decision.
2. **Request a restriction of uses and disclosures of your protected health information.** The facility is not required to agree to a restriction and we will notify you if we deny your request. If the facility does not agree to the requested restriction, we will abide by this agreement unless use or disclosure of the information becomes essential to provide emergency treatment.
3. **The right to request to receive confidential communications by alternative means or at an alternative location.** You have the right to request that we communicate with you in certain ways. We will not require you to provide an explanation for your request. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.
4. **The right to request we amend your protected health care information.** A request for an amendment must be in writing and it must explain why the information should be amended. Under certain circumstances, we may deny your request.
5. **The right to receive an accounting of disclosures.** You have the right to request an accounting of how we or our business associates disclosed your protected health information for purposes other than treatment, payment or health care operations. We are not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing. We are not required to provide an accounting for disclosures that occurred prior to April 14, 2003 or for periods of time in excess of six years. The first accounting you request during any 12-month period will be without charge. Additional accounting requests may be subject to a reasonable fee.
6. **The right to obtain a paper copy of this notice** at any time.

COMPLAINTS

You have the right to express complaints to the facility if you believe that your privacy rights have been violated. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. You may complain to the facility's Privacy Officer in person, by phone, or in writing. You also have the right to express complaints to the Secretary of the United States Department of Health and Human Services.

CONTACT PERSON

TO MAKE REQUESTS, TO LEARN MORE, TO FILE A COMPLAINT, OR TO EXPRESS CONCERNS, PLEASE CONTACT THE PRIVACY OFFICER. YOU MAY MAKE CONTACT IN PERSON, BY PHONE, OR IN WRITING.

Roanoke AMBULATORY SURGERY CENTER

Attention: Privacy Officer
1102 Jefferson Street, SE
Roanoke, VA 24016

540-342-0707 phone

540-342-5800 fax