

CENTER FOR SPECIALTY CARE, INC.  
212-249-8000

**PATIENT RIGHTS:**

1. Understand and use these rights. If for any reason you do not understand or you need help, the ambulatory surgery center must provide assistance, including an interpreter, if possible.
  2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.
  3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
  4. Receive emergency care if you need it.
  5. Know the names, positions and functions of any staff involved in your care and refuse their treatment, examination or observation.
  6. Receive complete information regarding your diagnosis, treatment and prognosis.
  7. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
  8. Refuse treatment and be told what effect this may have on your health.
  9. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
  10. Privacy while in the Center, and confidentiality of all information and records regarding your care.
  11. Participate in all decisions about your treatment and discharge and be given a written discharge plan.
  12. Review your medical record without charge. Obtain a copy of your medical record, for which the Center can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
  13. Receive an itemized bill and explanation of all charges.
  14. Complain without fear of reprisals about the care and services you are receiving and to have the Center respond to you and if you request it, be given a written response. If you are not satisfied with the response, you can complain to the New York State Health Department. The State Health Department telephone number is 212-613-4855.
- you have been hospitalized in the past, what for, and what medications you are now taking or have with you.
2. Tell your doctor or nurse if there is a change in your condition or if problems arise in your treatment.
  3. Tell your doctor or nurse if you do not understand your treatment or any instructions given to you.
  4. Follow the treatment plans. Patients are responsible for medical consequences which result from refusing treatment or not following instructions of physicians and Center staff.
  5. Use Center equipment and facilities carefully, so that they remain in good condition for use by others.
  6. Exhibit behavior that is respectful of the physicians, staff and other patients.
  7. Observe that smoking is not permitted in the Center.
  8. Supply all necessary insurance information and pay your bill promptly so that the Center for Specialty Care can continue to serve others effectively.
  9. To assure that there is an adult escort available to accompany them at the time of discharge.

**ADVANCE DIRECTIVE NOTIFICATION:**

In the State of New York, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Power of Attorney that authorizes others to make decisions on their behalf, based on the patient's expressed wishes when the patient is unable to make decisions to communicate decisions. Center for Specialty Care, Inc. respects and uphold those rights.

However, unlike an acute care hospital setting, the Surgery Center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of low risk. Of course, no surgery is without risk. You will discuss the specifics of your procedures with your physician who can answer your questions as to its risks, your expected recovery, and care after surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, 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. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or Healthcare Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

**PATIENT'S RESPONSIBILITIES:**

As a patient you have the responsibility to:

1. Provide your physician(s) and the Center staff with accurate information related to your condition and care. You are responsible for telling your doctor your medical and surgical history, whether

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure elsewhere.

If a patient is adjudged incompetent under the states laws, the rights of the patient are exercised by the person appointed and/or the legal representative designated by the patient under New York State law to act on the patient's behalf. The center will accept a Court Appointed Guardian, Dual Power of Attorney, or a Health Care Surrogate.

**PATIENT COMPLAINT OR GRIEVANCE:**

1. If you have a problem or complaint, please speak to the receptionist or your care giver. We will address your concern(s) promptly.
2. If necessary, your problem or complaint will be advanced to the Administrator and/or Medical Director for resolution. You will receive a letter or phone call to inform you of the actions taken to address your complaint.
3. If you are not satisfied with the response of the surgery center, you may contact:

Patient complaints or grievances against an ambulatory surgical center may be filed through the State of New York at 1-800-804-5447 or write to the address below:

New York State Department of Health  
Centralized Hospital Intake Program  
433 River Street, Suite 303  
Troy, NY 12180-2299

If you have a complaint against a health care professional and want to received a complaint form, call 1-800-633-6114 or write to the address below:

New York State Department of Health  
Office of Professional Medical Conduct  
433 River Street, Suite 303  
Troy, NY 12180-2299

You may also contact AAAHC by mail at:

AAAHC, Inc.  
5250 Old Orchard Road, Suite 200  
Skokie, IL 60077

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](http://www.cms.hhs.gov/center/ombudsman)

**DISCLOSURE OF OWNERSHIP:**

**The Center for Specialty Care, Inc. is a corporate entity privately owned by the family of and operated by the late Dr. James W. Smith.**

**Your physician does not have any ownership at the Center For Specialty Care, Inc. Your physician is credentialed by the Center to perform cases, as an attending at a free-standing private Ambulatory Surgery Center.**

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS:**

By: \_\_\_\_\_ Date Notice Received: \_\_\_\_\_  
(Patient/Patient representative Signature)