



PLEASE REVIEW, YOU WILL NEED TO SIGN THIS THE DAY OF SURGERY

MOORE CENTER FOR ORTHOPEDICS OUTPATIENT SURGERY INSTRUCTIONS

Patient Rights and Responsibilities:

In this packet you were given a copy of the Surgery Center's Patient Rights and Responsibilities. You are responsible for reviewing this document and referring any questions to the Surgery Center at 803-939-5050

Physician Ownership:

Please note that your surgeon may have a financial interest in the Surgery Center. The physician partners in Moore Orthopaedic Clinic Outpatient Surgery Center include:

Kim J. Chillag, MD	William T. Felmlly, MD	David B. Fulton, MD
S. Wendell Holmes, MD	Mark D. Locke, MD	Earl B. McFadden, MD
Frank K. Noojin, MD	Bradley P. Presnal, MD	W. Alaric Van Dam, MD
W. Bret Smith, DO		

Advance Directives:

Moore Orthopaedic Clinic Outpatient Surgery Center, LLC is a freestanding ambulatory surgery center and is unable to implement certain elements of an advance directive on the basis of conscience and so has adopted policy and procedure directing that for any patient involved in a life-threatening event, facility personnel and Medical Providers will take all measures available to resuscitate and stabilize the patient. Once stabilized, the patient, along with their Advance Directive, if any, will be transferred to an acute care hospital capable of providing adequate services and/or procedures for medical professionals to carry out the wishes of the patient as set forth in the provisions of the Advance Directives. This means that if you have a Living Will or a Do Not Resuscitate (DNR) order and an emergency occurs while you are a patient in our facility, the physicians and nurses WILL provide life-sustaining measures and transfer you to the nearest hospital for acute care. South Carolina has laws that define when life-sustaining measures may be withheld and forms that you can request when you arrive at Moore Orthopaedic Clinic Outpatient Surgery Center, LLC, if interested. In the event you do NOT have an Advance Directive, this does NOT apply to you.

Please report to the Second Floor Surgical Area and check in at the desk. If you are a woman, please check with the front desk before using the restroom in the lobby.

Please make sure that an adult will be able to stay with you throughout the duration of your surgery

Prior to your surgery:

- A nurse from our surgery center will be contacting you one to three days before your surgery to perform a pre-operative interview and give you your time for surgery.
- Since your surgery will require varying levels of sedation, you will not be able to drive after your procedure. Please bring an adult with you who will be able to drive you home. We ask that you refrain from bringing children unless they are patients.
- A legal guardian must accompany any child 18 years of age or younger.
- Do not eat or drink after midnight the night before your surgery. This includes water, gum or mints.
- Please bring your insurance card with you.
- Please leave any valuables at home such as jewelry or money. The only money you will need will be to pay your co pay or deductible upon check-in. You will be required to remove all metal (including jewelry and metal hair clips) before you are taken to the operating room.

Upon arrival:

- Your nurse will prepare you for your surgery. You will be asked to remove all your clothing and put on a hospital gown. Your intravenous fluid will be started and the anesthesiologist will explain your options for different types of anesthesia. You will be taken to the operating room by the nurse that will be caring for you during your surgery.

After your surgery:

- You will be taken to the recovery area where your nurse will make every effort to keep you as comfortable as possible. You will remain in the recovery area for up to one hour or until you are stable and ready for discharge. Before discharge, you and a responsible adult will be given instructions regarding your care at home.

During the first 24 hours after your surgery:

- Make arrangements for a responsible caretaker to remain with you to help observe your condition and to meet your other needs. A nurse will contact you a few days after your surgery to check on your condition. Should you have any questions or concerns, please contact your physician's office at (803) 939-5050.

Patient Signature: _____ **Date:** _____

MOORE CENTER FOR ORTHOPEDICS OUTPATIENT SURGERY CENTER PATIENT RIGHTS & RESPONSIBILITIES

Policy:

The Moore Center for Orthopedics Outpatient Surgery Center treats patients and their caregivers with respect, consideration and dignity regardless of age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values or belief systems. Patients will receive a copy of these rights and responsibilities prior to the date of the procedure.

Each patient has the right to:

- Receive appropriate care in a safe setting as directed by the physician from staff members who are friendly, considerate, respectful and qualified to perform the services for which they are responsible with the highest quality of service.
- Expect appropriate privacy with regard to treatment while in the facility and treatment of all patient health information held by the facility in medical records except when disclosure is required by law.
- Approve or refuse the release of patient health information except in the case of acute transfer to another facility or when disclosure is otherwise required by law.
- Complete information, to the extent known by the physician, regarding diagnosis, evaluation, treatment plan, procedure and prognosis, as well as alternative treatments or procedures and the potential risks and side effects associated with treatment plan and procedure.
- Participate in decisions regarding their healthcare, except when contraindicated for medical reasons. If the patient is unable to participate in such decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- Information regarding the scope of services available at the facility and provisions for after-hours emergency care.
- Information related to fees for services rendered and facility policies regarding payment for such services.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such a 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.
- Be fully informed of any human experimentation or other research projects affecting his or her care or treatment. The patient has the right to refuse participation in such experimentation or research without compromise to the patient's care.
- Be fully informed of the facility's policy regarding advance directives/living wills.
- Information regarding and assistance in changing primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Request information regarding the credentialing of healthcare professionals who provide care at the facility.
- Information regarding the absence of malpractice insurance coverage when applicable to the healthcare professional providing patient care.
- Information regarding the procedure for expressing suggestions and/or grievances and external appeals as required by state and federal regulation.

Each patient is responsible for:

- Provision of complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Following the treatment plan prescribed by his/her provider
- Assuring that a responsible adult is available to transport him/her home from the facility and remain with him/her for 24 hours if required by his/her provider
- Informing his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care
- Accepting personal financial responsibility for any charges not covered by his/her insurance
- Being respectful of all the health care providers and staff, as well as other patients
- Respecting the property of others and the facility.
- Confirmation of whether he or she clearly understands the planned course of treatment.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.

We pledge that each patient will receive the highest patient care available, delivered in a professional, friendly and confidential manner. Comments or concerns regarding our service may be made directly to our Nurse Manager, Janet Cordovano, or you may contact our management company, Practice Partners in Healthcare, Inc. by telephone, US Mail or email using the following contact information.

Practice Partners in Healthcare, Inc

2 Chase Corporate Drive Suite 15
Birmingham, AL 35244
205/824-6250 x5005
DHartsell@practicepartners.org

You may also contact the South Carolina Department of Health and Environmental Control or go to the Office of the Medicare Beneficiary Ombudsman website to report a specific grievance associated with your care at this facility.

DHEC Health Licensing

Jim Perrow, Customer Service
2600 Bull Street
Columbia, SC 29201
(803) 545-4370
(803) 545-4212 (Fax)

Office of the Medicare Beneficiary Ombudsman

<http://www.cms.hhs.gov/center/ombudsman.asp>