II. PATIENT RIGHTS & ORGANIZATIONAL ETHICS

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II. PATIENT RIGHTS & ORGANIZATIONAL ETHICS
A. NON-DISCRIMINATION

Responsibility: All personnel associated with the Center

Policy: In accordance with The Affordable Care Act (ACA) Section 1557, it is Center policy not to discriminate on the basis of race, color, national origin, age, disability, or sex. The Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This policy applies to patients and staff members. The Administrative Director acts as the Civil Rights Coordinator.

Effective Date: March 2011

Review Date(s): November 2016

Revision Date(s): November 2016

Procedure:

1. The Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

2. The Center:

    - Provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters;

    - Written information in other formats (large print, audio, accessible electronic formats, other formats);

    - Provides free language services to people whose primary language is not English, such as:

        - Qualified interpreters: or

        - Information written in other languages

3. If a patient needs these services, the patient can contact the Center's Civil Rights Coordinator.

4. If a patient believes that the Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, he/she can file a grievance with:

K. Loretta Rice, RN, BSN, CORN, Administrative Director
631 Professional Drive, Suite 390
Lawrenceville, Georgia 30046-3370
770-338-1666-ext 202
770-338-1636-fax
loretta@gwinnettsurgical.com

Patients can file a grievance in person or by mail, fax, or email. If a patient needs help filing a grievance, K. Loretta Rice, RN, BSN, CORN, Administrative Director is available to help them.

5. A patient can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F,
HHH Building
Washington, D.C. 20201
1-800-368-1019
800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

B. COMMUNICABLE DISEASES & PUBLIC HEALTH REPORTING

Responsibility: Medical Director and Administrative Director

Policy: To meet local and state regulations for communicable disease reporting, it is the responsibility of the Center to report all communicable diseases to the local health department according to the rules of the Georgia Department of Human Resources.

Effective Date: March 2011

Review Date(s):

Revision Date(s):

Procedure:

1. Medical histories will be taken on all patients.

2. If necessary, Patients with known communicable diseases will be referred to another facility for their services.

3. The Center follows the rules of the Department of Human Resources, Chapter 290-5-3-.02 Notification of Disease.

4. Communicable diseases are immediately reported to the Administrative Director, or his/her designee, who completes the appropriate Public Health Reporting form (see "Georgia Notifiable Disease Report Form"). Completed forms are sent within seventy-two (72) hours of notification, or on the Friday of each week, whichever is sooner.

5. Cases of Acquired Immune Deficiency are reported directly to the Georgia Department of Human Resources at:

   Two Peachtree Street, N.W., Suite 33-250,
   Atlanta, Georgia 30303-3167.

6. Cases of tuberculosis are called in to the County Health Department where the patient resides. This is to ensure that the health department has been made aware of the case in order to assist in the investigation of the case and to allow the Department to offer free medication to the patient.

7. Outbreaks or clusters of diseases (infectious and non-infectious) should be reported immediately by telephone to the appropriate County Board of Health. These include noticeable outbreaks or clusters of:

Conjunctivitis	Food poisoning	Influenza
Diarrheal disease	Staphylococcal / Streptococcal diseases	

8. Many diseases should be reported to the appropriate local health department and DHR epidemiology on a weekly basis (a written report may be requested). The Centers for Disease Control updates the list on an annual basis (see "Notifiable Diseases" form).

9. Diseases that should be reported by special request are as follows:

Alcohol / Drug Abuse (specify)	Cancer	Injuries (except child abuse)
Birth Defects	Heart Attack	Stroke

10. If a patient is referred directly to the Public Health Department, copies of all pertinent documentation will be sent with the patient. The referral will be documented in the patient's medical record.

C. CONFIDENTIALITY

Responsibility: All personnel

Policy: It is Center policy that all information regarding patients is to be considered confidential. Information concerning diagnosis, treatment, prognosis or any other aspect of care should be discussed only if necessary to deliver patient care and only to staff directly involved in the delivery of care.

Effective Date: March 2011

Review Date(s):

Revision Date(s):

Procedure:

1. Copies of medical records are released only with the written consent of the patient or legal representative of that patient. Exceptions are those records sent to Referring/Referral Physicians to facilitate the continuity of care designated by the Physician or those records required by law to be disclosed. All consents will be maintained in the medical record.

2. The Center will maintain compliance with HIPAA standards by making reasonable efforts to limit the use of Personal Health Information to the amount necessary to treat patients. The Center will maintain "Business Associate Agreements" per HIPAA Regulations.

3. Per HIPAA regulations, the Center will maintain a "Notice of Privacy Practices" which will be posted in the waiting room. The Medical Center will give to each new patient a copy of the "Notice of Privacy Practices". Good faith efforts will be made to obtain a patient's written acknowledgement that he/she received a copy of the "Notice of Privacy Practices" which will be indicated on the "Patient Information" form.

4. Results of procedures/diagnostic tests may be provided via telephone to the patient or the patient's designated representative. Instructions for follow-up instructions will be provided verbally and in writing when indicated.

5. Medical Records are the property of the Center and are not to be removed for any reason.

6. A breach of confidentiality with regard to patient information is grounds for disciplinary action up to, and including, termination.

7. Requests for patient records will be completed in the order in which they are received after consent, signed by a patient or his/her representative, is received.

8. Any requests for information, including patients requesting copies of their own medical records or requests by consulting physicians are to be referred to the Administrative Director.

9. Center personnel are not to discuss a patient's medical care within hearing of other patients or other staff members not directly involved in the patient's care.

D. NOTICE OF PRIVACY PRACTICES

Responsibility: All Center Staff

Policy: The Center recognizes the right of individuals to have their health information remain confidential. There are, however, some times when the Center must disclose medical records. The Notice of Privacy Practices describes how medical information may be used and disclosed and how patients can access the information. All patients are provided with a copy of the information and must sign an acknowledgement of receipt.

Effective Date: March 2011

Review Date(s):

Revision Date(s):

Introduction:

1. The Center, physicians and other health care providers who are members of the Center's medical staff (the "Medical Staff") work together to provide medical services to patients when they are a patient in the Center.

2. Not all of the physicians and other health care providers who are members of the Medical Staff are employees of the Center, some are contractors.

3. The Center and the Medical Staff are referred to collectively in this Notice as "Center".

4. The Center providers use confidential personal health information about patients, referred to below as protected health information ("PHI").

5. The Center protects the privacy of this information, and it is also protected from disclosure by state and federal law.

6. In certain specific circumstances, pursuant to this policy, patient authorization or applicable laws and regulations, PHI can be used by the Center or disclosed to other parties.

7. Below are categories describing these uses and disclosures, along with some examples to help patients and staff better understand each category.

Procedure:

1. Uses and Disclosures for Treatment, Payment and Health Care Operations

The Center may use or disclose patients' PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining written authorization from the patient. Center providers may share patient PHI as necessary to carry out treatment, payment and health care operations related to the organized health care arrangement.

a. <u>For Treatment</u>

i. The Center may use and disclose PHI in the course of providing, coordinating, or managing patients' medical treatment, including the disclosure of PHI for treatment activities of another health care provider;
ii. These types of uses and disclosures may take place between physicians, nurses, technicians, students, and other health care professionals who provide patients with health care services or are otherwise involved in patients' care.
iii. For example, a primary care physician treating a patient may need to use/disclose PHI to a specialist physician whom he or she consults regarding patient's condition, or to a nurse who is assisting in patient's care.

b. <u>For Payment</u>

i. The Center may use and disclose PHI in order to bill and collect payment for the health care services provided to patients.
ii. For example, the Center may need to give PHI to a patient's health plan in order to be reimbursed for the services provided to the patient.
iii. The Center may also disclose PHI to its business associates, such as billing companies, claims processing companies, and others that assist in processing health claims.
iv. The Center may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.

c. <u>For Health Care Operations</u>

i. The Center may use and disclose PHI as part of its operations, including for quality assessment and improvement, such as evaluating the treatment and services patients receive and the performance of its staff in caring for patients, provider training,

underwriting activities, compliance and risk management activities, planning and development, and management and administration.

ii. The Center may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants, and others for review and learning purposes, to help make sure the Center is complying with all applicable laws, and to help the Center continue to provide health care to its patients at a high level of quality.

iii. The Center may also disclose PHI to other health care providers and health plans for such entity's quality assessment and improvement activities, credentialing and peer compliance, provided that such entity has, or has had in the past, a relationship with the patient who is the subject of the information.

d. Sharing of PHI Among the Center and the Medical Staff

i. As an organized health care arrangement, the Center and the members of the Medical Staff will share with each other PHI that they collect from patients as necessary to carry out their treatment, payment and health care operations relating to the provision of care to patients by the Center.

2. *Other Uses and Disclosures for Which Authorization is not Required*

In addition to using or disclosing PHI for treatment, payment and health care operations, the Center may use and disclose PHI without patients' written authorization under the following circumstances:

a. As Required by Law and Law Enforcement

i. The Center may use or disclose PHI when required to do so by applicable law.

ii. The Center also may disclose PHI when ordered to do so in a judicial or administrative proceeding, to identify or locate a suspect, fugitive, material witness, or missing person, when dealing with gunshot and other wounds, about criminal conduct, to report a crime, the location of the crime or victims, or the identify, description, or location of a person who committed a crime, to report a death or injury resulting from a boating accident, or for other law enforcement purposes.

b. For Public Health Activities and Public Health Risks

i. The Center may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reactions to

medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

c. For Health Oversight Activities

The Center may disclose PHI to the government for oversight activities authorized by law, such as audits investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

d. Coroners, Medical Examiners, and Funeral Directors

The Center may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

e. Organ, Eye, and Tissue Donation

The Center may release PHI to organ procurement organizations to facilitate organ, eye, and tissue donations and transplantation.

f. Research

Under certain circumstances, the Center may use and disclose PHI for medical research purposes.

g. To Avoid a Serious Threat to Health or Safety

The Center may use and disclose PHI, to law enforcement personnel or other appropriate persons to prevent or lessen a serious threat to the health or safety of a person or the public.

h. Specialized Government Functions

i. The Center may use and disclose PHI to military personnel and veterans under certain circumstances.
ii. The Center may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

i. Workers' Compensation.

The Center may disclose PHI to comply with workers' compensation or other similar laws. These programs provide benefits for understanding or enforcement of labor laws.

j. Appointment Reminders: Health-related Benefits and Services; Marketing

i. The Center may use and disclose your PHI to contact patients and remind them of an appointment at the Center, or to inform them of treatment alternatives or other health-related benefits and services that may be of interest to them, such as disease management programs.
ii. The Center may use and disclose your PHI to encourage patients to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value.

k. Disclosures to You or for HIPAA Compliance Investigations

i. The Center may disclose patients' PHI to patients or to their personal representative, and is required to do so in certain circumstances described below in connection with patients' rights of access to their PHI and to an accounting of certain disclosures of their PHI.
ii. The Center must disclose patients' PHI to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate the Center's compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

3. Uses and Disclosure to Which You Have an Opportunity to Object

Patients will have the opportunity to object to these categories of uses and disclosures of PHI that the Center may make:

a. Patient Directories

i. Unless patients object, the Center may use some of their PHI to maintain a directory of individuals in its facility.
ii. This information may include patient's name, patient's location in the Center, patient's general condition (*e.g.* fair, stable, etc.), and religious affiliation, and the information may be disclosed to members of the clergy.
iii. Except for patients' religious affiliation, the information may be disclosed to other persons who ask for patient by name.

b. Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care

i. Unless a patient objects, the Center may disclose his/her PHI to a family member, other relative, friend, or other person patient identifies as involved in their health care or payment for their health care.
ii. The Center may also notify those people about patient's location or condition.

4. Other Uses and Disclosures of PHI For Which Authorization is Required

Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which with some limitations you have the right to revoke in writing.

5. Regulatory Requirements

a. The Center is required by law to maintain the privacy of patients' PHI, to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to abide by the terms described in this policy.

i. The Center reserves the right to change the terms of this policy and of its privacy policies, and to make the new terms applicable to all of the PHI it maintains.
ii. Before the Center makes an important change to its privacy policies, it will promptly revise this policy and post a new policy in all patient entry locations.
iii. Patients have the following rights regarding their PHI:

- Patients may request that the Center restrict the use and disclosure of their PHI.
- The Center is not required to agree to any restrictions patients request, but if itdoes so it will be bound by the restrictions to which it agrees except in emergency situations.
- Effective February 17, 2010, the Center is required by the Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") to honor an individual's request to restrict disclosures of PHI to health plans for payment or health care operations purposes if the PHI pertains solely to items and services paid for by the individual in full.
- Patients have the right to request that communications of PHI to them from the Center be made by particular means or

at particular locations. For instance, patients might request that communications be made at their work address, or by e-mail rather than regular mail. Patient requests must be made in writing and sent to the Privacy Officer. The Center will accommodate reasonable requests without requiring patient to provide a reason for the request.

iv. Generally, patients have the right to inspect and copy their PHI that the Ceneter maintains, provided that they make their request in writing to the Center's Administrative Director.

- Within thirty (30) days of receiving patient's request (unless extended by an additional thirty (30) days), the Center will inform the patient of the extent to which the request has or has not been granted.
- In some cases, the Center may provide a summary of the PHI requested if patient agrees in advance to such a summary and any associated fees.
- If patient requests paper copies of the PHI or agrees to a summary of the PHI, the Center may impose a reasonable fee to cover copying, postage, and related costs.
- To the extent capable, the Center will comply with patien's request for a copy of their PHI in an electronic format.
- If the Center denies access to a patient's PHI, it will explain the basis for denial and the patient's opportunity to have their request and the denial reviewed by a licensed health care professional (who was not involved in the initial denial decision) designated as a reviewing official. If the Center does not maintain the PHI requested, if it knows where that PHI is located it will tell patient how to redirect the request.

v. If a patient believes that their PHI maintained by the Center contains an error or needs to be updated, patient has the right to request that the Center correct or supplement the PHI.

- Patient's request must be made in writing to the Center's Administrative Director, and it must explain why patient is requesting an amendment to their PHI.
- Within sixty (60) days of receiving patient's request (unless extended by an additional thirty (30) days), the Center will inform patient of the extent to which the request has or has not been granted.
- The Center generally can deny patient's request if the request related to PHI:

  (i) not created by the Center;

(ii) that is not part of the records the Center maintains;
(iii) that is not subject to being inspected by patient; or
(iv) that is accurate and complete.

- If patient's request is denied, the Center will provide patient a written denial that explains the reason for the denial and patient's rights to:

  (i) file a statement disagreeing with the denial;
  (ii) if patient does not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of patient's request and the Center's denial attached; and
  (iii) complain about the denial.

- Patient's generally have the right to request and receive a list of the disclosures of their PHI that the Center has made at any time during the six (6) years prior to that date of patient's request (provided that such a list would not include disclosures made prior to April 14, 2003).
- The list will not include disclosure for which patient has provided a written authorization, and does not include certain uses and disclosures to which this policy already applies, such as those:

  (i) for treatment, payment, and health care operations;
  (ii) made to patient;
  (iii) for the Center's patient directory or to persons involved in patient's health care;
  (iv) for national security or intelligence purposes; or
  (v) to correctional institutions or laws enforcement officials.

- Patient should submit any such request to the Center's Administrative Director, and within sixty (60) days of receiving patient;'s request (unless extended by an additional thirty (30) days), the Center will respond to patient regarding the status of the request.
- The Center will provide the list to patient at no charge, but if patient makes more than one request in a year patient may be charged a fee for each additional request.
- Patients have the right to receive a paper copy of this policy ("Notice") upon request, even if patient has agreed to receive this Notice electronically.
- Patients can receive a copy of this Notice at the Center Web site, gwinnettsurgicalassociates.com. To obtain a paper

copy of this Notice, please contact the Center Administrative Director.

vi. Patients may complain to the Center if they believe their privacy rights with respect to their PHI have been violated by contacting the Center Administrative Director and submitting a written complaint.

vii. The Center will in no manner penalize patients or retaliate against them for filing a complaint regarding the Center's privacy practices.

viii. Patients also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

ix. If patients have any questions about this Notice, please contact the the Center Administrative Director by Mail at 631 Professional Drive, Suite 390, Lawrenceville, Georgia 30046-3370, by telephone at (770-962-9977 or by email at klrice1@hotmail.com.

x. If patients have any questions about their medical records, please contact the Medical Records Department by mail at 631 Professional Drive, Suite 390, Lawrenceville, Georgia 30046-3370, or by telephone at (770) 962-9977.

E. ADVANCE DIRECTIVES/LIVING WILL

Responsibility: All Center Staff

Policy: The Center recognizes the right of individuals to choose medical treatment or non-treatment. Information regarding Advance Directives will be provided upon request. In the event of an emergency, the patient will be transferred to an appropriate facility regardless of the availability of an Advance Directive.

Effective Date: March 2011

Review Date(s): June 2013

Revision Date(s): June 2013

Procedure:

1. The Center will maintain information about Advance Directives/Living Wills consistent with State requirements and will make available the appropriate State form – in this case the "Georgia Advance Directives/Living Will" – upon request.

2. Patients who have completed an Advance Directive/Living Will are asked to bring a copy for the Center's files.

   a. Patients will indicate whether or not they have such by completing and initialing the appropriate section of the "Patient Information" form.

   b. Patients will be asked to provide a copy of the Advance Directive/Living Will, as appropriate.

   c. Center staff must review the "Patient Information" form to assure it is completed in its entirety.

3. Patients, their representatives or their surrogates are informed that due to the Center's limitations, in the event of an emergency, patient will be transferred to the nearest facility at which the attending physician has privileges. The facility will be notified of the existence of the patient's Advance Directive/Living Will and provided with a copy, as applicable.

   a. Center staff will counsel patients who have Advance Directives/Living Wills regarding the Center's policy prior to scheduling the patient's procedure.

   b. Center staff will advise the patient, his/her representative or surrogate, of their right to make informed decisions about their care in the Center.

c. Patients are given the opportunity to choose to have their procedure at another facility that can honor the Advance Directive/Living Will if they do not wish to have the procedure in the Center.

4. Center staff cannot act as witnesses to Advance Directives/Living Wills. As such, patients will not be able to complete an Advance Directive/Living Will on the date of a procedure. Patients who are not familiar with this information, but who would like to review it further prior to a procedure may have the procedure rescheduled.

5. Although information will be provided to patients concerning Advance Directives/Living Wills, it shall not be construed as either medical or legal advice. If a patient requests such consultation, Center staff should advise the patient to seek advice from a qualified attorney which will be documented in the medical record.

6. The Center will provide education to its staff members on issues relating to Advance Directives/Living Wills.

7. The medical records of patients who have executed an Advance Directive/Living Will must be appropriately flagged.

8. If it is unknown whether or not a patient has executed an Advance Directive/Living Will, in the event of an emergency patient will be treated as if one has not been executed, and all means of life-saving care will be provided including transfer to the nearest facility at which the attending physician has privileges.

F. INFORMED CONSENT – GENERAL INFORMATION

Responsibility: The Physician performing the procedure

Policy: It is Center policy to comply with all laws of Georgia regarding informed consent.

Effective Date: March 2011

Review Date(s):

Revision Date(s):

Procedure:

1. The Center Physician who will be performing a procedure is to fully explain to the patient and his/her representative the procedure, the treatment alternatives, the risks, benefits and the necessary follow-up treatment.
   a. The patient has the right to be reasonably informed and to participate in decisions involving his/her care.
   b. To the degree possible, this should be based on a clear, concise explanation of his/her condition and of all proposed technical procedures.
   c. It should include the possibilities of any risk or mortality or serious side effects or problems related to the procedure and sedation or anesthesia, the probability of success and effects or problems related to recuperation.
   d. The patient should not be subjected to any procedure without voluntary, competent consent of the patient, or that of a legally authorized representative.
   e. Where medically significant alternatives exist, the patient shall also be informed.
   f. The patient has the right to know the primary physician and who is responsible for authorizing and performing the procedures.
   g. If the patient refuses treatment, the medical record will document such refusal.
   h. The medical record will also document physician notification of the patient's refusal and the actions taken.

2. The patient will be given the opportunity to ask questions.

3. If a patient is a minor and/or legally incompetent, the procedure must be explained to the nearest relative, spouse or legal guardian who must sign the consent form(s).
   a. The age and/or incompetence of the patient must be documented in the chart.
   b. Legal proof of guardianship may be requested.

4. The patient, or nearest relative, spouse or legal guardian must sign and date the consent form. Another staff member will sign and date the consent form as a witness.

5. No one other than Center employees (i.e.: Student/Trainee or Observer) involved with the procedure may be present in the procedure room without the specific consent of the patient.

6. Consent forms will be specific for the procedure(s) to be performed and the type of sedation to be utilized.

7. Consent must be obtained before the administration of sedation/anesthesia.

G. INFORMED CONSENT - FORM COMPLETION

Responsibility: Staff Physicians

Policy: It is Center policy to ensure that informed consent forms are properly and clearly completed.

Effective Date: March 2011

Review Date(s):

Revision Date(s):

Procedure:

1. General Guidelines

a. When completing the required consent form, every word must be written out – no abbreviations or initials are accepted on any form.
b. Blank lines or empty spaces are not acceptable.
c. The form must be completed in ink.
d. Consent forms must be executed and signed within thirty (30) days of the procedure being performed. If the consent form becomes outdated, it must be re-signed by the appropriate party(s) and re-dated at the bottom.
e. Once a consent form is signed, if the patient has not been sedated, additions or changes must be initialed by the patient and re-signed by the witness.
f. If the patient has been sedated, operative consent may be granted on the patient's behalf by immediate family members or legal guardians.
g. Married women should use their legal given name. The use of "Mrs." preceding their husband's name is not an acceptable signature (i.e.: "Mrs. John Doe" is not acceptable, "Mrs. Jane Doe" is acceptable).
h. Patients unable to sign their full signature may write an "X" after which should be noted "*his mark*". Two (2) witnesses are required in such an event. Patients unable to make a mark may give verbal consent, which also must be witnessed by two (2) staff members.

2. Properly Signed

a. A mentally competent individual, 18 years of age or older, may consent to surgery. A person is considered mentally competent if he/she is neither mentally retarded nor adjudged legally incompetent and is able to understand fully the information regarding the procedure, its risks, possible complications and alternatives, and is able to make a deliberate choice. If the patient has been pre-medicated, a clearance must be obtained from the Medical Director or his/her designee.

b. Next-of-kin may give consent when the patient is not capable of comprehending due to his/her medical condition and therefore is deemed incompetent as documented by the physician in the history of the patient's medical record. When relying upon next-of-kin for consent, permission should be obtained in the following order:

    (1) Spouse;
    (2) Children of legal age;
    (3) Parents;
    (4) Siblings of legal age;
    (5) Grandparents

3. Properly Witnessed

a. The consent must be witnessed by a competent adult of legal age.
b. The witness must provide his/her signature, printed name, and the date and time he/she signed the form.
b. If a witness is unable to legibly sign his or her own name, an "X" is acceptable if another witness also provides his/her signature.

4. Telephone Consent

a. When next-of-kin is not able to come to the Center to sign the consent form, consent may be obtained by the physician via telephone.
b. An additional witness must monitor the telephone conversation.

H. PHOTOGRAPHS & RECORDINGS

Responsibility: Medical Director and Administrative Director

Policy: When a patient can not be directly identified through a photograph, it is not necessary to obtain consent to photograph an organ, specimen or procedure. No written commentary developed for publication, lectures or distribution other than that required to develop patient care (i.e. documentation in the patient's chart) can identify a patient without his/her consent. Any patient who is identified in a photograph must sign a consent.

Effective Date: March 2011

Review Date(s):

Revision Date(s):

Procedure:

1. General Information

   Where a patient can be, or is directly identifiable, either by body part or intentional identification, consent must be obtained or a question of liability is present.

2. Patients

   No photographs, motion pictures, video tapes or tape recordings may be taken for publication or broadcast for commercial, educational, promotional or legal purposes without consent of the patient (or his/her legal guardian) and the attending physician. The patient (or his/her legal guardian) must sign a photo release. The original must be placed in the patient's chart and a copy given to the patient (or his/her legal guardian).

3. Visitors

   Consents from visitors are required if photographs, motion pictures or videotape recordings that are taken on the Center property include such visitors.

4. Employees

   Photographs, motion pictures or videotapes of employees may be taken without express consent; however, before being used in any public media for purposes of advertising, written consent must be obtained.

I. PATIENT RIGHTS & RESPONSIBILITIES

Responsibility: All personnel associated with the Center

Policy: It is Center policy to recognize and respect the rights and responsibilities of all patients. The specific procedures to be observed by the Center and its staff are outlined herein. Copies of this policy are provided to patients and posted in a conspicuous place.

Effective Date: March 2011

Review Date(s): June 2013, September 2015

Revision Date(s): June 2013, September 2015, January 2016

Procedure:

1. Patient Rights

a. The Center is owned by Gwinnett Medical Center, Wallace F. Martin, M.D., David R. Schmidt, M.D., Charles B. Moomey, Jr., M.D., James K. Elsey, M.D., and Sudhindra K. Anegundi, M.D and is affiliated with Gwinnett Surgical Associates, LLP. All physicians retain privileges at the Center. Patients have the right to choose another facility for their procedure. The patient will be provided a copy of the "Patient Rights and Responsibilities" prior to the date of the procedure. The provision of this form is delegated to the Medical Practice which shall provide a copy of the form to the patient prior to the procedure. Patients will indicate whether or not they have received such by completing and initialing the appropriate section of the "Patient Information" form.

b. The privacy of all patients shall be respected at all times. Patients shall be treated with respect, consideration and dignity.

c. Patients shall receive assistance in a prompt, courteous, and responsible manner.

d. Patient disclosures medical records are considered confidential. Except as otherwise required by law, patient records and/or portions of records will not be released to outside entities or individuals without patients' and/or designated representatives' express written approval. Patients are given the opportunity to approve or refuse the release of their medical records.

e. Patients have the right to know the identity and status of individuals providing services to them.

f. Patients have the right to change providers if they so choose. Patients are informed of the credentials of all staff who will be providing care during the patients' stay.

g. Patients, or a legal authorized representative, have the right to thorough, current and understandable information regarding their diagnosis, treatment options and prognosis, if known, and follow-up care. All patients will sign an informed consent form after all information has been provided and their questions answered.

h. When it is medically inadvisable to give such information to the patient, the information is provided to a person designated by the patient or to a legally authorized person.

i. Unless participation is medically contraindicated, patients have the right to participate in all decisions involving their healthcare.

j. Patients have the right to refuse treatment and to be advised of the alternatives and consequences of their decisions. Patients are encouraged to discuss their objectives with their provider.

k. Patients have the right to refuse participation in experimental treatment and procedures. Should any experimental treatment or procedure be considered, it shall be fully explained to the patient prior to commencement.

l. Patients have the right to make suggestions or express complaints about the care they have received and to submit such to the Administrative Director or Assistant Administrative Director who will complete an "Incident Notification" and bring the issue to the attention of the Medical Director in a timely manner so the grievance may be addressed.

m. Patients have the right to be provided with information regarding emergency and after-hours care.

n. Patients have the right to obtain a second opinion regarding the recommended procedure. Responsibility for the expense of the second opinion rests solely with the patient.

o. Patients have the right to a safe and pleasant environment during their stay.

p. Patients have the right to have visitors at the Center as long as visitation does not encumber Center operations and the rights of other patients are not infringed.

q. Patients have the right to have procedures performed in the most painless way possible.

r. Patients have the right to an interpreter if required.

s. Patients have the right to be provided informed consent forms as required by the laws of the State of Georgia.

t. Patients have the right to truthful marketing and/or advertising regarding the competence and capabilities of the Center and its staff.

u. Patients have the right to have copies of their "Advance Directives/Living Wills" in their medical records and to have Center staff honor these wishes to the extent feasible. Patients will be informed of the Center's Advance

Directive/Living Will policy and procedure and given a copy for their records. The Center will maintain a signed copy, indicating the patient's acknowledgment of Center policy, in the patient's Center medical record. A signed copy of the "Patient Rights & Responsibilities" will also be maintained in the record.

v. Patients will be provided, upon request, all available information regarding services available at the Center, as well as information about estimated fees and options for payment.

w. If applicable, patients will be informed of the absence of malpractice insurance coverage.

x. Patients have the right to approve the release of their medical records to other care providers, legal representatives and other persons authorized by the patient.

y. Patient has the right to exercise his/her rights without being subject to discrimination or reprisal.

z. Patient has the right to be free from all forms of abuse or harassment.

2. Patient Responsibilities

a. Patients are expected to provide complete and accurate medical histories, to the best of their ability, including providing information on all current medications, over-the counter products and dietary supplements and any allergies or sensitivities.

b. Patients are responsible for keeping all scheduled pre- and post-procedure appointments and complying with treatment plans to help ensure appropriate care.

c. Patients are responsible for reviewing and understanding the information provided by their Physician or nurse. Patients are responsible for understanding their insurance coverage and the procedures required for obtaining coverage.

d. Patients are responsible for providing insurance information at the time of their visit and for notifying the receptionist of any changes in information regarding their insurance or medical information.

e. Patients are responsible for paying all charges for co-payments, co-insurance and deductibles or for non-covered services at the time of the visit unless other arrangements have been made in advance with the Administrative Director.

f. Patients are responsible for treating Physicians, Staff and other patients in a courteous and respectful manner.

g. Patients are responsible for asking questions about their medical care and to seek clarification from their Physician of the services to be provided until they fully understand the care they are to receive.

h. Patients are responsible for following the advice of their provider and to consider the alternatives and/or likely consequences if they refuse to comply.

i. Patients are responsible for expressing their opinions, concerns or complaints in a constructive manner to the appropriate personnel at the Center.

j. Patients are responsible for notifying their health care providers of patient's Advance Directives, Living Wills, Medical Power of Attorney or any other directives that could affect their care.

k. Patients are responsible for having a responsible adult transport them from the Center and remain with the patient for twenty-four (24) hours, if required by the Physician.

l. The patient will be provided a copy of the Patient Rights and Responsibilities prior to the date of the procedure. The provision of this form is delegated to the Medical Practice. A copy shall be provided to the patient. The patient shall indicate receipt of such on the "Patient Information" form.

m. The patient or family may voice concerns or complaints without having care affected in any way. They may discuss their concerns with their doctor, nurse, or other caregiver. If concerns are not resolved, they should contact the Administrative Director at (770) 338-1666.

- If preferred, the patient/caregiver may contact the Section Head of the Acute Care Section of the Healthcare Facility Regulation Division of the Georgia Department of Community Health at 404-657-5728 or at (800) 878-6442, or at 2 Peachtree Street NW, 31-447, Atlanta, Georgia, 30303;
- They may also contact their Ombudsman at www.cms.hhs.gov/center/ombudsman.asp; or
- They may also contact The Accreditation Association for Ambulatory Healthcare (AAAHC) at P: 847.853.6060 F: 847.853.9028 E: info@aaahc.org.

n. (See "Patient Grievance" policy).

J. PATIENT REFUSAL OF TREATMENT OR QUALIFIED CONSENT

Responsibility: Medical Director, Staff Physician and Administrative Director

Policy: Patients have the right to refuse treatment and the Center must be protected from liability in these cases. Patients must be informed of the consequences of such refusal.

Effective Date: March 2011

Review Date(s):

Revision Date(s):

Procedure:

1. Refusal

a. Any question regarding competence should be considered by the physician and the determination should be documented.

b. The refusal should be noted in the medical record, and the physician should render the best care possible within the limits imposed by the patient's refusal.

c. If possible, a written release should be secured from the patient acknowledging that appropriate treatment would have been rendered if the patient had not refused.

2. Qualified Consent

a. A patient may, before treatment is begun, specifically prohibit a procedure or technique that might become necessary during treatment. In the event of such refusal before the fact, two (2) alternate courses are possible:

(1) The Center can refuse to admit the patient on the grounds that proper care cannot be rendered because of the patient's refusal to allow procedures that the Center believes may be necessary for the preservation of life.

(2) The Center can admit the patient and provide only such services and procedures as are within the limits stated by the patient.

b. A patient who imposes such limits by refusing consent to certain procedures should be required to execute a release, stating that he/she understands and voluntarily assumes the risk(s) incident to the refusal

K. PATIENT LEAVING AGAINST MEDICAL ADVICE

Responsibility: Medical Director, Administrative Director and Recovery Room Nurse

Policy: It is Center policy to establish a procedure for patients who insist on leaving prior to being discharged by the physician. The Center also has established a policy to address cases where patients who have received sedation, insist on taking alternative transportation home after a procedure.

Effective Date: March 2011

Review Date(s): July 2015

Revision Date(s): July 2015

Procedure:

1. The patient is responsible if he or she decides to leave the Center against medical advice and does not follow the physician's instructions. In these cases, it is the recovery room nurse's responsibility to ensure the patient signs a "Waiver for Discharge Against Medical Advice" form before leaving the facility.

2. The Center requires patients undergoing sedation to have a responsible person drive them home. However, in the rare event that a driver is not available and the patient insists on taking alternative transportation home, the patient must sign a "Waiver for Alternative Transportation" form. Additional fees may apply.

3. All cases are reviewed by the Risk Management Subcommittee and Quality Improvement Committee in order to determine methods to avoid future occurrences. Actions taken are reported to the Governing Body.

L. DISCHARGING A PATIENT FROM FUTURE SERVICE

Responsibility: Medical Director

Policy: It is Center policy to establish a procedure by which patients who are non-compliant can be discharged from service while ensuring that the patient has a source of ongoing medical treatment.

Effective Date: March 2011

Review Date(s):

Revision Date(s):

Procedure:

1. The reasons a patient may be discharged from future service include, but are not limited to:

   a. The patient refuses to cooperate with the physician and/or staff.
   b. The patient will not pay his or her bills.
   c. The patient is unruly and/or obnoxious to the point where it is in the best interests of all concerned for the physician to discontinue providing services.
   d. The physician believes that there is nothing more he or she can do for the patient
   e. Reimbursement for services has been denied or the provider has ceased to be a Medicare or Medicaid provider.
   e. Factors exist which endanger the physician's staff (*e.g.*, physical threats, sexual harassment).

2. Once the physician establishes a physician/patient relationship, he/she may not abandon the patient without the threat of potential liability.

3. The physician is obligated to continue treating the patient until the patient's condition no longer warrants it or the patient discharges the physician.

4. The physician may also terminate the relationship by following these steps.

   a. Do not withdraw from the care of a patient who is in the midst of a medical crisis.
   b. Verbally discharge the patient in person.
   c. Confirm the discharge in a letter signed by the physician.
      - Summarize the relationship with the patient.

- Establish a date for ending the relationship (at least 30 days depending on the patient's condition and the availability of a qualified physician).
- Describe the patient's current condition.
- Inform the patient of his/her need to select another physician.
- Indicate whether follow-up care should be immediate.
- Indicate the prognosis if follow-up care is not obtained.
- Inform the patient of other physicians qualified to treat him/her.
- Tell the patient the physician will be available for emergencies or to treat acute conditions during the transition.
- Inform the patient the office will provide a copy of his/her medical record to another physician upon request and with written authorization.
- Inform the patient that the physician will consult with the new physician if requested.

d. Send the letter to the patient by certified mail, return receipt requested, or hand delivering it to the patient.
e. Enclose an authorization form for transfer of records.
f. File the mail receipt with a copy of the letter.
g. Send a second copy of the letter, if the certified letter is returned unclaimed, by regular mail and document the fact that this activity was performed.
h. Inform the staff not to schedule appointments for the patient after the effective termination date.

5. All circumstances in which a patient is discharged from care will be reviewed and reported to the Medical Director.

M. EXPECTED OUTCOMES

Responsibility: All Center Staff

Policy: It is Center policy that patients can expect to receive safe, high quality care.

Effective Date: March 2011

Review Date(s):

Revision Date(s):

Procedure:

The patient can expect the following assurances:

1. The patient will understand each form that requires a signature and why his/her signature or that of a responsible party is necessary.

2. The patient will understand how financial responsibility for the procedure will be handled, who is responsible for payment, the patient's responsibility for payment (if any) and who generates the bills if other than the facility.

3. The patient's safety is assured because he/she is required to have a responsible person available to provide transportation home, when appropriate.

4. Procedures will be coordinated in such a way as to provide for accuracy of scheduling as well as efficiency of time.

5. Procedures will be performed safely, appropriately and accurately by qualified personnel and only according to the physician's specific instructions and plan of care.

6. The patient will be provided with appropriate medications in order to manage his/her pain appropriately and adequately.

7. Qualified personnel will be available at all times to answer questions.

8. The patient's privacy will be provided for and respected.

9. The procedure will be fully explained so the patient will suffer no undue anxiety.

10. Precautions to ensure the patient's safety in the Center are considered at all times.

11. Trained personnel and necessary equipment will be readily available should a sudden change in the patient's condition occur requiring emergency interventions.

12. The patient and/or designated caregiver will understand what the prescriptions are for, when to take them and precautions to observe when taking certain drugs which affect sensory-motor function.

13. The patient and caregiver will understand how to take responsibility for home care.

14. The patient and caregiver will know what untoward signs and symptoms to look for after discharge which would alert them to possible problems.

15. The patient will know who to call for help if untoward signs and/or symptoms become apparent.

N. ACCESS TO THE FACILITY FOR THE DISABLED

Responsibility: Medical Director, Administrative Director

Policy: It is Center policy to allow all persons admission during regular business hours regardless of their physical limitations.

Effective Date: March 2011

Review Date(s):

Revision Date(s):

Procedure:

1. The building has been designed to meet the Americans with Disabilities Act and also meets the Life Safety Code.

2. The Center is accessible by stretcher or wheelchair.

3. Signs are presented in English and Braille. Signs for the bathrooms and dressing rooms are presented in English and Braille.

4. Bathroom facilities are accessible to those in a wheelchair.

O. NON-ENGLISH SPEAKING & HEARING IMPAIRED PATIENTS

Responsibility: Administrative Director

Policy: It is Center policy to ensure that non-English speaking and hearing impaired patients understand pre-operative and post-operative instructions. To this end, all non-English speaking or hearing impaired patients must have an interpreter. If an appropriate interpreter can not be located, patients will be referred to another facility.

Effective Date: March 2011

Review Date(s):

Revision Date(s):

Procedure:

1. All non-English speaking or hearing impaired patients must have an interpreter with them during patient assessment and pre-operative and post-operative teaching to assure patient understanding.

    a. Interpreters should not be family members, but this is not always possible. They should be reasonably able to understand medical terminology.
    b. Hiring independent medical interpreters for specific patients may not be financially feasible.
    c. The Center will make reasonable efforts to obtain interpretation services from other healthcare providers in the community, or will refer the patient to another appropriate facility if an interpreter can not be found.

2. When obtaining the consent forms, after the patient has expressed understanding and agrees to what he/she is signing, the interpreter must also sign the consent.

3. The importance of having the interpreter accompany the patient on the day of the procedure should be stressed. The interpreter should be available to explain procedures, post-operative instructions, etc., thereby alleviating any communication problems or patient anxiety.

4. Refer to Informed Consent policies and procedures.

P. PATIENT GRIEVANCE POLICY

Responsibility: All Center employees

Policy: It is Center policy to ensure that patients have a method by which patient grievances are addressed.

Effective Date: March 2011

Review Date(s): June 2013, September 2015

Revision Date(s): June 2013, September 2015

Procedure:

1. The Center is dedicated to the highest standards of quality—clinical and service.

2. Our Service Excellence approach extends to handling patient complaints/grievances.

3. Patients will be treated with respect, dignity and courtesy at all times, especially when voicing a complaint, as this is viewed as an opportunity for the Center to improve its service.

4. Every patient has the right to file a complaint with any Center employee.

5. Center employees will work with the Medical Director and the Clinical Supervisor on the complaint assessment and resolution.

6. The Medical Director or the Clinical Supervisor will contact the patient to explain the process of complaint investigation and resolution.

7. When a patient grievance is received by the Center, the Center Administrator or Clinical Supervisor will provide an acknowledgment of receipt of the grievance to the patient within fourteen (14) business days.

8. The Administrative Director will prepare a response to the patient addressing a resolution of the complaint, after a complete review of the situation, within thirty (30) days after the submission of the grievance. The response will be sent to the patient in written form by certified mail requesting a return receipt.

9. If the resolution provided by the Center Administrator or Clinical Supervisor is not satisfactory to the patient, the patient may contact the following entities:

- The patient/caregiver may contact the Section Head of the Acute Care Section of the Healthcare Facility Regulation Division of the Georgia Department of Community Health at 404-657-5728 or at (800) 878-6442, or at 2 Peachtree Street NW, 31-447, Atlanta, Georgia, 30303, or the Ombudsman at www.cms.hhs.gov/center/ombudsman.asp; or

- Complaints against physician staff should be made to the Georgia Composite Medical Board, Enforcement Unit, 2 Peachtree Street, N.W., 36th Floor, Atlanta, Georgia 30303, PH: (404) 657-6494 or (404) 656-1725, FAX: (404) 463-6333:
    - http://medicalboard.georgia.gov/portal/site/GCMB/menuitem.2f54fa407984c51e93f35eead03036a0/?vgnextoid=6d011ec599906210VgnVCM100000bf01020aRCRD

- Complaints against nursing staff should be made to the Georgia Board of Nursing at 237 Coliseum Drive, Macon, GA 31217-3858, (478) 207-2440.

- Complaints against any professional may be submitted online to the Georgia Secretary of State at:
    - https://secure.sos.state.ga.us/myverification/SubmitComplaint.aspx

- They may also contact their Ombudsman at www.cms.hhs.gov/center/ombudsman.asp; or

- They may also contact The Accreditation Association for Ambulatory Healthcare (AAAHC) at P: 847.853.6060 F: 847.853.9028 E: info@aaahc.org.

GSA/ASC/Clinical Policies/II – FINAL Patient Rights & Organizational Ethics – Updated 11-3-16