



## Advance Directives Policy

In an ambulatory care setting, where we expect to provide less invasive care to patients who are not acutely ill, admission to the center indicates the patient will tolerate the procedure in the ambulatory setting without difficulty. Per regulation, the physician must determine that the ASC setting is appropriate for the patient based upon the type of surgery planned, the type of anesthesia, and the patient's medical condition. Resuscitation due to a deterioration of the patient's medical condition is not expected. Therefore, if a patient should suffer cardiac or respiratory arrest or any life-threatening condition, there will always be an attempt to resuscitate and the patient will be transferred to a more acute level of care, that is, a hospital.

Advance directives include written or verbal directions a patient gives in advance to state choices for health care or name someone to make those choices for the patient if the patient is unable to make decisions for himself/herself. A living will states what kinds of medical treatments would be acceptable at the end of life.

If a patient, who is to receive a procedure at the facility, presents the staff with a living will, the patient must be advised that the policy is to always attempt to resuscitate and to transfer any patient requiring resuscitation or emergency care to the hospital. The hospital can then determine when to implement the living will.

A patient or designated agent or surrogate must be informed of the right to make informed decisions regarding the patient's care. A patient may have a person designated as an agent, proxy, or health care surrogate or may have granted a person a durable power of attorney for health care. This enables the person to perform as a decision maker in the event the patient cannot speak for himself/herself. The scope of the decisions this other person may make for the patient may be defined in a document. The Center will record whether such a document has been presented to the Center. The document will be placed in the medical record along with a living will if one was also presented to the Center for inclusion in the Center's records. When a patient has designated someone to speak in his/her behalf when the patient cannot speak for himself/herself, that person should be contacted to advise of any pending transfer to a higher level of care. That person may express a choice of the hospital to contact for a transfer. If possible, considering the physician's privileges and close proximity of the facilities, the health care surrogate's choice should be honored. The designated person may also receive information from the physician and be asked to make decisions should the patient be unable to participate in the decision. This means that some advance directives, such as the appointment of an agent, proxy or health care surrogate by the patient and the center's discussion with that agent, proxy, or health care surrogate, are honored by the surgery center.

It is required by regulation that the provider or facility notifies a patient in writing of its policy about honoring advance directives. The patient has a right to select another



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provider or facility.

Patients who disagree with this policy must address the issue with the attending physician prior to signing the form acknowledging an understanding of the policy regarding advance directives and living wills.

Patients must be informed of the policy prior to the procedure and prior to anesthesia of any kind so that the patient will have the opportunity to discuss any concerns with the attending physician and/or make arrangements for a change in location for the procedure. The facility may decide to discuss during the pre-admission phone call whether the patient has a living will or other type of advance directive and to advise of the center's policy.

The patient must also receive information about where he/she can learn information about an advance directive if the patient desires to consider preparing or revising one. The Center must provide information about advance directives should the patient request this information. Information must include a description of applicable state laws. The information may include a state provided resource directory for advance directives such as a state agency, library, or state website or sample forms provided by state agencies.

It is not required that a patient have a living will or advance directives. It is required that the Center inform the patient of the right to have an advance directive, the right to have the advance directive placed in the patient's medical record, the policy of the Center to resuscitate and transfer when indicated, and the right to discuss these policies with the provider of services.

A copy of the state regulation permitting the discussion with the physician and decisions about the place for services will be reviewed by the governing body and attached to the minutes for that meeting.

There must be documentation in a prominent part of the patient's current medical record whether or not the individual has an advance directive.

The staff shall have annual education on Advance Directive policies and of any changes as they may occur.

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## PATIENT'S STATEMENT 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. This statement of rights and responsibilities is posted in our facility in at least one location that is used by all patients.

Your rights and responsibilities include:

### **A patient, patient representative or surrogate has the *right to***

- Receive information about rights, patient conduct and responsibilities in a language and manner the patient, patient representative or surrogate can understand.
- Be treated with respect, consideration, and dignity.
- Be provided appropriate personal privacy.
- Have disclosures and records treated confidentially and be given the opportunity to approve or refuse record release except when release is required by law.
- Be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Receive care in a safe setting.
- Be free from all forms of abuse, neglect, or harassment.
- Exercise his or her rights without being subject to discrimination or reprisal with impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical disability, or source of payment.
- Voice complaints and grievances, without reprisal.
- Be provided, to the degree known, complete information concerning diagnosis, evaluation, treatment and know who is providing services and who is responsible for the care. When the patient's medical condition makes it inadvisable or impossible, the information is provided to a person designated by the patient or to a legally authorized person.
- Exercise of rights and respect for property and persons, including the right to
  - Voice grievances regarding treatment or care that is (or fails to be) furnished.
  - Be fully informed about a treatment or procedure and the expected outcome before it is performed.
  - Have a person appointed under State law to act on the patient's behalf if the patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction. If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by the State law.
- Refuse treatment to the extent permitted by law and be informed of medical consequences of this action.
- Know if medical treatment is for purposes of experimental research and to give his



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consent or refusal to participate in such experimental research.

- Have the right to change providers if other providers are available.
- A prompt and reasonable response to questions and requests.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care and know, upon request and prior to treatment, whether the facility accepts the Medicare assignment rate.
- Receive a copy of a reasonably clear understandable, itemized bill and, upon request, to have charges explained.
- Formulate advance directives and to appoint a surrogate to make health care decision on his/her behalf to the extent permitted by law and provide a copy to the facility for placement in his/her medical record.
- Know the facility policy on advance directives.
- Be informed of the names of physicians who have ownership in the facility.
- Have properly credentialed and qualified healthcare professionals providing patient care.

### **A patient, patient representative or surrogate is *responsible* for**

- Providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, unless specifically exempted from this responsibility by his/her provider.
- Providing to the best of his or her knowledge, accurate and complete information about his/her health, present complaints, past illnesses, hospitalizations, any medication, including over-the-counter products and dietary supplements, any allergies or sensitivities, and other matters relating to his or her health.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Following the treatment plan recommended by his/her health care provider.
- Be respectful of all the health providers and staff, as well as other patients.
- Providing a copy of information that you desire us to know about a durable power of attorney, health care surrogate, or other advance directive.
- His/her actions if he/she refuses treatment or does not follow the health care provider's instructions.
- Reporting to his health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- Keeping appointments.



# EHA Surgery Center Seneca

## COMPLAINTS

**Please contact us if you have a question or concern about your rights or responsibilities. You can ask any of our staff to help you contact the Administrative Director at the Surgery Center. Or you can call,**

864-986-0085

**We want to provide you with excellent service, including answering your questions and responding to your concerns.**

**You may also choose to contact the licensing agency of the state,**

SCDHEC

2600 Bull Street Columbia, SC 29201

803-545-4370

**If you are covered by Medicare,** you may choose to contact the Medicare Ombudsman at 1-800-MEDICARE (1-800-633-4227) or online at

<https://www.cms.gov/Center/Special-Topic/Ombudsman-Center?redirect=/center/ombudsman.asp>

The role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help you need to understand your Medicare options and to apply your Medicare rights and protections.

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322 Union Station Drive Suite 202 • Seneca, SC 29678

phone: 864.986.0085 • fax: 864.973.6451

# EHA Surgery Center Seneca

## **Notice of Privacy Practices**

**This notice describes how medical information about you may be used, disclosed, and how you can get access to this information.**

At EHA Surgery Center Seneca, we are committed to treating and using Protected Health Information (PHI) about you responsibly. Under the HIPAA privacy regulations, we are required by federal law to maintain the privacy of your Protected Health Information (PHI). PHI is information about you that may identify you and that relates to your past, present, or future physical or mental health condition and related healthcare services. Federal law also requires us to provide you with notice of our legal duties and privacy practices with respect to PHI, and we are required to abide by the terms of the notice currently in effect. We reserve the right to change our Notice of Privacy policies and this change will affect all PHI that we maintain. Before we make a material change in our policies, we will change our Notice and post the new Notice in the waiting area. You may request a copy of the Notice at any time. Your PHI may be used and disclosed by your physicians(s), our office staff and others outside of our office that are involved in your care for the purpose of Treatment, Payment, and Healthcare Operations (TPO).

### **Uses and Disclosures of Protected Health Information**

**We may use or disclose (share) your PHI to provide health care treatment for you.**

Your PHI may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. We may also share your PHI with people outside of our practice that may provide medical care for you such as home health agencies.

**We may use and disclose your PHI to obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for.**

PHI may be shared with the following:

- Billing companies
- Insurance companies, health plans
- Collection agencies
- Government agencies in order to assist with qualification of benefits.

**We may use or disclose, as needed, your PHI in order to support the business activities of this practice, which are called health care operations.**

**We may use and disclosure your PHI in other situations without your permission:**

- If required by law: The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. For example, we may be required to report gunshot wounds or suspected abuse or neglect.
- Public health activities: The disclosure will be made for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- Health oversight agencies: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- Legal proceedings: To assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.
- Police or other law enforcement purposes: The release of PHI will meet all applicable legal requirements for release.
- Coroners, funeral directors: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law
- Medical research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- Special government purposes: Information may be shared for national security purposes, or if you are a member of the military, to the military under limited circumstances.
- Correctional institutions: Information may be shared if you are an inmate or under custody of law which is necessary for your health or the health and safety of other individuals.
- Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Other uses and disclosures of your health information.**

Business Associates: Some services are provided through the use of contracted entities called "business associates". We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include billing companies or transcription services.

Fundraising activities: We may contact you in an effort to raise money. You may opt out of receiving such communications.

Treatment alternatives: We may provide you notice of treatment options or other health related services that may improve your overall health.

Appointment reminders: We may contact you as a reminder about upcoming appointments or treatment.

**We may use or disclose your PHI in the following situations UNLESS you object.**

- We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgment will determine if it is in your best interest to share the information. For example, we may discuss post procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information.
- We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death.
- We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

**The following uses and disclosures of PHI require your written authorization:**

- Marketing
- Disclosures of for any purposes which require the sale of your information.

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

**Your Privacy Rights**

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing. Please direct those written request to the Privacy Officer, listed below.

**You have the right to see and obtain a copy of your protected health information.**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. If requested we will provide you a copy of your records in an electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost based fee for a copy of the records.

**You have the right to request a restriction of your protected health information.**

You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request we will honor the restriction request unless the information is needed to provide emergency treatment.

**There is one exception:** we must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law.

**You have the right to request for us to communicate in different ways or in different locations.**

We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

**You may have the right to request an amendment of your health information.**

You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

**You have the right to a list of people or organizations who have received your health information from us.**

This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous six years or a shorter timeframe. If you request more than one list within a 12 month period you may be charged a reasonable fee.

**Additional Privacy Rights**

- You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible.
- You have a right to receive notification of any breach of your protected health information.

**Complaints**

<p>If you think we have violated your rights, or you have a complaint about our privacy practices you can contact:</p> <p style="text-align: center;">Kelly Grady, RN 322 Union Station Drive, Ste 202 Seneca, SC 29678 (864) 986-0085 or fax to (864) 973-6451</p>	<p>If you believe your privacy rights have been violated, you can file a complaint with the facility’s Administrator, or you may file a complaint with the Secretary of Department of Health and Human Services.</p> <p style="text-align: center;">Secretary of the Department of Health and Human Services: P.O. Box 8206 Columbia, SC 29202-8206</p>
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If you file a complaint, we will not retaliate against you for filing a complaint.

**This notice was published and becomes effective on March 13, 2024.**

# EHA Surgery Center Seneca

Thank you for choosing EHA Surgery Center Seneca to provide your outpatient surgical care. Please note that if your physician/surgeon is listed below then they are an owner in both his/her practice and EHA Surgery Center Seneca. As a patient, you have the choice of several outpatient care facilities in our community. We are pleased that you have chosen EHA Surgery Center Seneca and with that in mind; our goal is to provide the highest level of outpatient care in our community.

Thank you once again. We welcome your input on making your experience at EHA Surgery Center Seneca as comfortable as feasibly possible.

On behalf of the physician partners:

*Dr. Adam Easterling*

*Dr. Donald Glaser*

*Dr. Brian Johnson*

*Dr. S. Jacob Montgomery*

*Dr. Joseph Parisi – Medical Director*

*Dr. Balaji Perumal*

*Dr. Justin Roman*

*Dr. H. Keith Riddle*

*Dr. Phillip Saccogna*

*Dr. Alison Smith*

We are also managed by Eye Health America, and they have ownership of our facility.