

# **MAGNA SURGICAL CENTER**

## **Advance Notification to Patients**

In order for our facility to be in compliance with federal regulations, we are notifying you of information that must be given to you prior to your procedure. Please take the time to read it carefully. On the page titled “*Acknowledgement Page*”, please acknowledge that you have received this information, prior to your procedure by signing and dating it with the date received (***for example: You received this document 3/1/10, procedure/surgery date is 3/15/10, you will date it for 3/1/10***).

### **Mission Statement**

Magna Surgical Center was created to provide patients and surgeons with a cost effective and comfortable, yet high quality technical environment for out-patient surgical procedures.

### **Website**

Our facility has a website. Most of the questions that you may have and forms related to your visit (i.e. pre-operative assessment form) can be found at <http://www.magnasurgicalcenter.com>. Select “***For Patients***” from the menu bar. If you do not find the answer to your question on our website, please feel free to contact us at 773-445-9696.

### **Reporting of Complaints**

If you have any concerns about the quality of care or treatment that you receive from any of the staff members or concerns regarding patient safety, please notify any member of our staff, the designated Patient Representative or our Assistant Administrator. If your concerns are not sufficiently addressed, you may contact one of the following:

1. ***Illinois Department of Public Health, Division of Health Facility Standards***, 525 West Jefferson Street, Springfield, IL 62761 or phone 1-800-252-4343 during regular business hours.
2. ***Joint Commission on Accreditation of Healthcare Organizations*** at 1-800-994-6610 or [www.jcaho.org](http://www.jcaho.org). Written complaints may be sent to Joint Commission Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.
3. ***Office of the Medicare Beneficiary Ombudsman*** at [www.medicare.gov/Ombudsman/resources](http://www.medicare.gov/Ombudsman/resources)

## **PATIENT RIGHTS & RESPONSIBILITIES**

Reasonable, informed participation in decisions involving your healthcare is your right. In recognition of the responsibility of this facility in the rendering of patient care, you the patient, has the right to:

1. Considerate, respectful and dignified care at all times. Privacy and confidentiality in all aspects of the facilities services. Those not involved in your care must have permission to be present.
2. Your cultural, psychological, religious and spiritual beliefs & preferences respected.
3. Exercise your rights without being subjected to discrimination or reprisal.
4. Complete information about the regulations of the center that affect you and those accompanying you during your visit at our center.
5. Complete and current information concerning diagnosis, treatment, prognosis, expected outcomes, risks and alternative treatment communicated in a language, tailored to your age, that you can understand; allowing you to give informed consent and participate in your medical care prior to the start of any treatment/ or procedure.
6. Accept or refuse treatment. If refusal, to be informed of the medical consequences of your action.
7. Prompt medical attention and follow-up care relating to any medical services provided by the facility.
8. Assessment and immediate attention to any complaints of pain. *Your reporting of pain will be believed.*
9. Be informed if the facility performs or engages in experimental research and the right to refuse participation.
10. Prompt release of your medical records and any communication pertaining to your care treated with proper attention to patient confidentiality- in accordance with state laws and regulations.
11. Select your medical care provider. Your choice of provider is expressly guaranteed by legal and ethical considerations.
12. Mechanisms to provide the facility with feedback on services provided or failed to be provided. File complaints and grievances as it relates to your care/or safety. To receive proper contact information to file any complaint or grievance, upon your request. Exercise of your right to express complaints, comments, suggestions, compliments or grievances will not result in any discrimination or reprisal.
13. Advance Directives; however it is the facility's policy not to honor any form of Advance Directive (i.e. living will, healthcare proxy), according to state law. Upon request, we can provide you with copies of applicable laws and applicable forms.
14. \*Obtain an explanation as to the relationship, or interest, if any, of the physician, or outside party to this facility, which may suggest a conflict of interest that may influence your treatment and care. Such explanation shall include said physician's ownership or financial interest, if any, in the facility and shall be provided in writing.
15. Have a legal representative and all of the above right's extended to them.

## **PATIENT RIGHTS & RESPONSIBILITIES**

As a patient receiving care at this facility you have the responsibility to:

1. Adhere to all policies and procedures of the facility.
2. Show respect and consideration for other patients, family, visitors and personnel of the facility.
3. Assure that all financial obligations for services rendered are paid in a timely manner.
4. Arrive at the scheduled appointment time having followed ALL pre-appointment instructions.
5. Accurately complete all medical forms, insurance papers and medical release forms in legible manner.
6. Provide the facility with correct names, addresses, and telephone numbers to be used in emergency situations only and to inform the facility of any legal documents you have that may relate to your care including but not limited to Advance Directives, Medical Power of Attorney etc.
7. Disclose accurate information regarding ALL previous surgeries, medical conditions, hospitalizations, allergies and all other aspects of your medical history, past and present.
8. Ask questions and indicate when you do not understand instructions, diagnosis, etc. and communicate any concerns about your treatment to the facility and its staff.
9. Notify your health care provider/or proper facility personnel if you are experiencing any pain.
10. Carefully follow ALL after-care instructions, recommended medical treatment and courses of care prescribed by the facility staff or other personnel authorized by the facility.
11. Recognize that refusal of treatment, non-compliance with therapy, or if you do not follow or understand instructions given to you by the physician or the facility staff, it may result in negative consequences, which are entirely your responsibility.
12. For the disposition of your valuables, as the facility does not assume this responsibility.

### **\*Surgery Center Ownership/Investors**

The following physician's have ownership/or financial interest in this facility:

George Dangles, MD	Ophthalmology
Richard Foulkes, MD	Ophthalmology
Neeraj Jain, MD	Pain Specialist
John B. McClellan, MD	Orthopedics
John Sonnenberg, MD	Orthopedics

If your physician/surgeon is listed, you may ask them for further details regarding ownership.

## **Advance Directives**

An Advance Directive is a document that gives written instructions recognized under Illinois law, *relating to the provision of healthcare when the individual is terminally ill or incapacitated and unable to communicate his/her desires*. An Advance Directive is documents such as living will or durable power of attorney for healthcare. According to state law, as an ambulatory surgery center, our facility does not fall into the category of a healthcare facility that is required to honor advance directives. However, if you do have an advance directive in place, we will take a copy of it to have on file in your chart.

If you provide us with an Advance Directive, the nursing staff will inform you and anyone accompanying you that our facility will not follow the advance directive you have provided to us. In the event you require transfer from our facility and must be admitted to a hospital, we will provide the hospital with a copy of the advance directive.

Also, if you are interested in developing an Advance Directive, we can provide you with information to assist you with this matter. Upon request we have a packet that contains detailed information regarding advance directives, forms and resources that can give you assistance.

## **Co-pay & Co-insurance Fees**

Please be aware that Magna Surgical Center is categorized as a *Free Standing-Outpatient Ambulatory Surgical* center. You may be required to pay a co-pay or coinsurance on your date of service. Also please note that your co-pay or co-insurance at our facility may be more than what you pay at your doctor's office visits.

If either of these fees applies to your coming to our facility, you will receive a courtesy call 1-2 days prior to your date of service from our Insurance Coordinator. If you would like to know more than 1-2 days before coming for your procedure, so that you may be better prepared, you may do one of the following:

- Refer to your insurance information booklet which outlines your insurance policy, co-pay and co-insurance amounts, benefits, etc.
- Contact your insurance company directly at the 1-800 # provided on the back of your insurance card
- Contact our facility at 773-445-9696 and ask to speak to our Insurance Coordinator

# **MAGNA SURGICAL CENTER**

## **Advance Notification Acknowledgement Form**

I acknowledge that I have received, read and understand the information given to me in the **Advance Notification to Patients** handout, prior to my date of service at Magna Surgical Center.

_____	<b>X</b>	_____
<b>Patient Name (print)</b>		<b>Patient Signature</b>
		_____
		<b>Date received</b>

***Please remember to bring this completed acknowledgement form with you on your scheduled date of service.***

***Thank you.***