



**In accordance with the regulations of the Centers for Medicare and Medicaid (CMS), all patients shall receive the attached documents prior to the day of surgery. If you have any questions you may call the Physicians Surgical Center at 717-272-0007.**

**You will find the following attachments:  
Statement of Patient Rights and Responsibilities  
Contact Information  
Grievance Procedure**

**On behalf of the entire "Care Team", thank you for choosing the Physicians Surgical Center. We appreciate your business and look forward to "Exceeding your Expectations!"**

## **STATEMENTS OF PATIENT RIGHTS AND RESPONSIBILITIES**

In order to provide a better understanding of the rights and responsibilities that exist between you, the patient and the **PHYSICIANS SURGICAL CENTER**, and to encourage a meaningful participation by you in your healthcare, we encourage you to be aware of your rights and responsibilities.

**In accordance with the PA State Department of Health Laws:**

### **THE PATIENT HAS A RIGHT TO:**

1. Respectful care given by competent personnel.
2. Upon request, be given the name of his attending practitioner, the names off all other practitioners directly participating in his care and the names and functions of other health care persons having direct contact with the patient.
3. Consideration of privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.
4. Have records pertaining to his medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.
5. Know what ASF rules and regulations apply to his conduct as a patient.
6. Expect emergency procedures to be implemented without unnecessary delay.
7. Good quality care and high professional standards that are continually maintained and reviewed.
8. Full information in layman's terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the responsible person.
9. Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure. Informed consent is defined in section 103 of the Health Care Services Malpractice Act (40 P.S.1301.103).
10. Or if the patient is unable to give informed consent, a responsible person, has the right to be advised when a practitioner is considering the patient as a part of a medical care research program or donor program, and the patient, or responsible person, shall give informed consent prior to actual participation in the program. A patient or responsible person may refuse to continue in a program to which he has previously given informed consent.
11. Refuse drugs or procedures, to the extent permitted by statute, and a practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.
12. Medical and nursing services without discrimination based upon age, race color, religion, sex, national origin, handicap, disability or source of payment.
13. If they do not speak English they shall have access, where possible, to an interpreter.
14. Have the ASF provide the patient, or patient designee, upon request, access to the information contained in his medical records, unless access is specifically restricted by the attending practitioner for medical reasons.
15. Expect good management techniques to be implemented within the ASF. These techniques shall make effective use of the time of the patient and avoid the personal discomfort of the patient.
16. That when an emergency occurs and a patient is transferred to another facility, the responsible person shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
17. Examine and receive a detailed explanation of his bill.
18. Expect that the ASF will provide information for continuing health care requirements following discharge and the means for meeting them.

## **In accordance with the PA State Department of Health Laws:**

### **THE PATIENT HAS A RIGHT TO:**

1. Be informed about their rights as a patient, prior to the day of surgery, in a language and manner that the patient or their representative can understand.
2. Know that they may contact the following agencies with any formal complaints:
  - A. Physicians Surgical Center Administrator  
1840 Quentin Road, Lebanon, PA 17042 717-272-0007  
Email: [mziegler@novamed.com](mailto:mziegler@novamed.com)
  - B. Department of Health and Human Services  
Division of Acute and Ambulatory Care  
Harrisburg Field Office,  
132 Kline Plaza, Suite B, Harrisburg, PA 17104 717-772-3640
  - C. Centers for Medicare and Medicaid Services, Ombudsman  
7500 Security Boulevard, Baltimore, MD 21244 800-633-4227  
[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)
3. Chose the facility where they receive health care. The management partner and local physicians appreciate that you have selected the Physicians Surgical Center. It is your right to know that the center is owned and operated by Novamed, Inc. and local physicians as follows: Dr. Howard Melnick, Dr. Glen Mesaros, Dr. John Moffitt, Dr. Barbara Klatchko, Dr. Bryan Pilkington, Dr. Robert Bazewicz, Dr. Vincent Avallone, Dr. Victor Faralli, Dr. Richard Slagle, Dr. David Overholt, Dr. Raymond DeMaio, Dr. Albert Alley, Dr. James Bush, Dr. Madhukar Patel, Dr. Leonard Ferrara, and Dr. Robert Campbell.
4. Receive information on Advance Directives in advance of their procedure. As required by PA Law and COBRA Patient Self-Determination Act of 1990, information is made available to our patients concerning their rights to execute directives. Information is provided concerning the following advance directives: Living Wills, Health Care Proxy, and Durable Power of Attorney. Patients should also know the policy of the center is that all patients be treated equally in the provision of medical care without regard as to whether or not the patient has executed an advance directive. It is our intent to sustain life with extraordinary efforts should the need arise. Although basic Advance Directive information is available to patients, it is recommended that patients consult with their family attorney, physician or other advisors prior to making any decisions related to Advance Directives.
5. To make informed decisions regarding patient care. If a patient is adjudged incompetent by the appropriate court, the rights of the patient shall be exercised by the person appointed under State law to act on the patient's behalf, to include the patient's right to Personal privacy; care in a safe-setting; and, freedom from abuse or harassment.
6. Execute a verbal or written grievance for any reason. Further, the patient has a right to exercise his or her rights without being subjected to discrimination or reprisal and voice grievances regarding treatment or care that is (or fails to be) furnished.

## GRIEVANCE PROCEDURE

The facility strives to provide quality care and achieve patient satisfaction. Patient grievances or complaints provide a means to measure achievement of this goal and to identify a need for performance improvement. Patients may register a complaint concerning any aspect of care or service provided by the facility. All allegations will be investigated and documented by the facility administrator.

**PROCEDURE:** Each patient shall receive a written patient questionnaire giving him/her an opportunity to evaluate the care provided.

- Any patient may express concerns through the said questionnaire or by a simple informal complaint. Such a complaint may be registered by telephone, in writing or in person to any member of the center staff. All complaints received will be forwarded to the administrator the same day.
- The administrator or designee will attempt to address and resolve the concern by telephone or in person within 3 business days.
- If subsequent to this contact by the center, the patient continues to have a concern, the patient may submit the complaint or grievance in writing to the administrator or medical director. The person in authority will consider the submitted grievance and may request additional information or documentation.
- Once the collection of relevant information for the grievance is determined to be complete, the medical director will respond to the grievance in writing within thirty (30) days. If the person in authority is not able to make a determination within this thirty (30) day period, they will notify the patient in writing regarding the status of the grievance.
- The governing board will be informed of all patient complaints.
- All alleged violations/grievances related to but not limited to mistreatment, neglect, verbal, mental, sexual or physical abuse shall be documented. All allegations must be immediately reported to a person in authority in the center.
- Substantial allegations will be reported to the State authority or the local authority or both.
- Documentation of the grievance will include the following:
  - a. How the grievance was addressed
  - b. Providing the patient with written notice of the decision, the name of the ASC contact person, the steps taken to investigate the grievance, the results of the grievance process and the date the grievance process was completed.

## CONTACT INFORMATION:

Patients with complaints or grievances may contact any of the following –

- A. Physicians Surgical Center Administrator  
1840 Quentin Road, Lebanon, PA 17042  
717-272-0007 Email: mziegler@novamed.com
- B. Department of Health and Human Services; Division of Acute and Ambulatory Care Harrisburg Field Office;  
132 Kline Plaza, Suite B, Harrisburg, PA 17104  
717-772-3640
- C. Centers for Medicare and Medicaid Services, Ombudsman;  
7500 Security Boulevard, Baltimore, MD 21244  
800-633-4227 [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)
- D. AAAHC (Accreditation Association for Ambulatory Health Care, Inc.);  
3201 Old Glenview Road, Suite 300, Wilmette, Illinois 60091  
847-853-6060