

**RENAISSANCE SURGICAL CENTRE, LLC**  
**PATIENT RIGHTS**

**1. Patient Rights**

- a. The Center is owned by the physicians of the affiliated Medical Practice. Patients have the right to choose another facility for his/her procedure.
- 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.
  - 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.
- h. Unless participation is medically contraindicated, patients have the right to participate in all decisions involving their healthcare.
- i. 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.
- j. 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.
- k. 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 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.
- l. Patients have the right to be provided with information regarding emergency and after-hours care.
- m. 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.
- n. Patients have the right to a safe and pleasant environment during their stay.
- o. 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.
- p. Patients have the right to have procedures performed in the most painless way possible.
- q. Patients have the right to an interpreter if required.
- r. Patients have the right to be provided informed consent forms as required by the laws of the State of Georgia.
- s. Patients have the right to truthful marketing and/or advertising regarding the competence and capabilities of the Center and its staff.
- t. Patients have the right to have copies of their "Advance Directives" and "Living Wills" in their medical records. In the event of an emergency, the patient will be transferred to the appropriate facility. The Advance Directive / Living Will will be provided to the destination facility.
- u. 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.
- v. If applicable, patients will be informed of the absence of malpractice insurance coverage.
- w. 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.

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**RENAISSANCE SURGICAL CENTRE, LLC  
PATIENT RESPONSIBILITIES**

**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. In the event of an emergency, the patient will be transferred to the appropriate facility. The facility will be notified of the existence of the Advance Directive, if applicable, and will be provided with a copy.
- 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.

**Questions or Concerns?**

You and your family should feel you can always voice your concerns. If you share a concern or complaint, your care will not be affected in any way. The first step is to discuss your concerns with your doctor, nurse, or other caregiver. If you have concerns that are not resolved, please contact the Administrator at 478-474-2200, ext. 100.

Should you continue to remain concerned you may contact the State Health Planning Agency, Health Care Section, and Regional Director, Two Peachtree Street, NW, Suite 33- 250, Atlanta, GA 30303-3142, (404) 657-5430 or 800-878-6442 or your Ombudsman at [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp).

**Disclosure of Ownership Interest**

Renaissance Surgical Centre LLC operates an outpatient surgical facility licensed by the State.

This facility is owned by; Drs. Christopher L. McLendon and Roy Powell Jr. These physicians have become owners due to their commitment of providing quality health care and services to their patients at a more affordable cost.

You have the right to choose where to receive services, including entities in which your physicians do not have financial relationship. Reasonable alternative sources of services for Drs McLendon and Powell are:

- Coliseum Hospital
- Macon Northside Hospital

**Alternative sources of services for Dr. Paul Syribey are**

- Coliseum Hospital
- Macon Northside Hospital
- Medical Center of Central Georgia

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_