



## PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of North Meridian Surgery Center:

- A. **You have the right to** receive high quality, individualized care within the Center's capacity and mission without regard to race, creed, color, ethnic origin, nationality, gender, handicap, age, affiliation with fraternal or religious organizations, culture, economic or educational background.
- B. **You have the right to** receive considerate and respectful care in a safe setting free from all forms of abuse or harassment.
- C. **You have the right to** know the professional status of any person providing care or services.
- D. **You have the right to** receive the necessary information from your provider concerning your diagnosis, treatment options, prognosis, and possible risks and side effects associated with the proposed procedure/ surgery which allows you to give informed consent. In the event of an emergency, this information shall include the specific procedure and/or treatment, the medically significant risks involved, an alternative course of treatment or non-treatment, and the name of the provider performing that treatment.
- E. **You have the right to** actively participate in decisions regarding your treatment. If you are unable to participate in those decisions, then your designated or legal representative shall do so on your behalf.
- F. **You have the right to** refuse treatment to the extent permitted by law and to be informed of the medical consequences of such a refusal. You accept responsibility for your actions should you refuse treatment or not follow the instruction of the physician or facility.
- G. **You have the right to** every consideration of privacy concerning your medical / surgical care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly.
- H. **You have the right to** confidential treatment of all communications and records pertaining to your care. Except as directed by law, your written permission shall be obtained before your medical records are made available to anyone not concerned with your care.
- I. **You have the right to** be fully informed before any transfer from the Center to another healthcare facility.
- J. **You have the right to** be advised if the Center proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
- K. **You have the right to** expect reasonable continuity of care. You have the right to know in advance the time and location of appointment(s), as well as, the practitioner providing the care
- L. **You have the right to** know fees in advance and receive an explanation of your bill regardless of the source of payment.
- M. **You have the right to** have in effect advanced medical directives concerning such issues as living wills and durable power of attorney that will be identified to the Center and followed as appropriate under State and Federal Regulations.
- N. **You have the right to** inquire about or to obtain a second opinion.
- O. **You have the right to** have information regarding your case presented in a language and manner, written and verbally, that you or your designated or legal representative understands.
- P. **You have the right to** voice complaint or concern, without recrimination, regarding your care, to have those complaints reviewed and, when possible, resolved.
- Q. Our Surgery Center is owned by an independent group of physicians. This group includes physicians and surgeons who may belong to Goodman Campbell Brain and Spine, Indiana Spine Group, and OrthoIndy. A list of owners is available at the front desk upon your request.
- A. **It is your responsibility to** fully participate in decisions involving your health care and to accept consequences of these decisions if complications occur.
- B. **It is your responsibility to** provide to the best of your ability, accurate and complete information regarding present complaints, past conditions, medications, unexpected changes in conditions, and any other matters pertinent to your health.



- C. **It is your responsibility to** understand and follow the treatment plan recommended by your provider or to ask questions and discuss concerns with the provider when you do not understand or agree with the plan of treatment.
- D. **It is your responsibility to** keep appointments reliably and promptly or to notify the Center when unable to do so.
- E. **It is your responsibility to** abide by North Meridian Surgery Center's rules and regulations (i.e., Non-smoking facility, being respectful and considerate to others, staff, facility, and property, and abiding by discharge instructions.)
- F. **It is your responsibility to** provide accurate and detailed information regarding insurance and/or payment methods.
- G. **It is your responsibility to** notify the Center on admission of any advance directive you may want applied during your visit.
- H. **It is your responsibility to** verify the pre-certification of your procedure with your insurance provider prior to obtaining services at the center.
- I. **It is your responsibility to** pay the Center for services rendered in a timely manner. The Center will bill your insurance provider. All services not covered by the insurance provider are the responsibility of the patient.
- J. **It is your responsibility to** report unsafe conditions that may be a perceived risk to your care.
- K. **It is your responsibility to** inform the Center as soon as possible if you believe any of your rights have been violated.

These rights and responsibilities outline the basic concepts of service at our Center. Please notify your physician, nurse, or the Director with concerns regarding the care you received or did not receive. If your concern is not promptly resolved, you can file a formal grievance by contacting us at the address below. You can also file a complaint by completing the grievance form located in our lobby. Be sure to include your phone number or a way we can contact you. In addition, you may file a complaint with the Indiana State Department of health, the Accreditation Association for Ambulatory healthcare, and/ or Medicare as listed below.

**Grievances, Complaints, Safety Concerns may be sent to the Director at**  
**North Meridian Surgery Center**  
13225 N. Meridian Street  
Carmel, IN 46032  
[Director@NMSurgeryCenter.com](mailto:Director@NMSurgeryCenter.com)  
(317) 574-5400

**Accreditation Association for Ambulatory Health Care**  
5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
[www.aaahc.org](http://www.aaahc.org)  
(847) 853-6060

**Indiana State Board of Health**  
**Acute Care Division**  
2 N. Meridian Street, 4B  
Indianapolis, IN 46204  
[www.in.gov/isdh/](http://www.in.gov/isdh/)  
(317) 233-1325

**Office of the Medicare Beneficiary Ombudsman**  
<https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>  
1-800-MEDICARE (1-800-633-4227)

### **ADVANCE DIRECTIVES**

Patients have the right to develop advance directives (AD) that outline their health care choices should they become unable to communicate those decisions. North Meridian Surgery Center will honor advance directives not related to cardiopulmonary resuscitation. Because patients are having elective surgery and are in good health, in the event of a cardiopulmonary or respiratory arrest, it is the policy of this organization to make every attempt to save the life of the individual affected.