

PORT JEFFERSON SURGERY CENTER, LLC

1500 Route-112 Building 3, Port Jefferson Station, NY 11776 Hours of Operation: 7am-5pm, Monday-Friday

Phone (Main): (631) 828-5555

Pre-Registration/Reception: (631) 828-5555 ext. 301 and ext. 302

www.portjeffsc.com

PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS

Decision Making

You or your representative(s) have the right to:

- Be informed before care is given or discontinued whenever possible.
- Receive accurate and current information regarding your health status in terms you can understand, allowing you
 to make informed decisions.
- Participate in planning for your treatment, care and discharge recommendations. A surrogate of your choice may represent you if you cannot make your own decisions according to state law.
- Receive an explanation of proposed procedure or treatment, including risks, serious side effects and treatment alternatives, including request for second opinion or specific treatment.
- Participate in managing your pain effectively.
- Refuse or discontinue a treatment to the extent permitted by law and to be informed of the consequences of such refusal.
- Receive emergency care or transfer to higher level of care (hospital) should this be necessary, providing full
 explanation of the need based on your medical condition & without needing to wait for authorization and without
 any financial penalty.
- Have persons of your choice promptly notified of hospital admission.
- Write a Living Will, Medical Power of Attorney, and/or a CPR Directive.
- Accept, refuse or withdraw from clinical research.
- Choose or change your healthcare provider.

Quality of Care

You have the right to:

- Respectful treatment, which recognizes and maintains your dignity and personal values without discrimination.
- Accurate information about facility where services are received and credentials of health care personnel involved in your care.
- Interpreters and/or special equipment to assist language needs.
- Information about continuing healthcare requirements following discharge, including how to access care after hours.

Confidentiality and Privacy

You have the right to:

- Personal privacy and care in a safe setting free from abuse, harassment, discrimination or reprisal.
- Personal information being shared only with those who are involved in your care.
- Confidentiality of your medical and billing records.
- Notification of breach of unsecured personal health information.

Grievance Process

You or your representative has the right to:

- Fair, fast, and objective review of any complaint you have against your health plan, physician or healthcare personnel without fear of reprisal.
- Submit a formal complaint either verbally or in writing as shown below. You will receive a written notice of decision within 15 business days from when the complaint was made known.



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Administrator of ASC: 1500 Route-112 Building 3, Port Jefferson Station, NY 11776, (631)-828-5555

New York State Department of Health 1-800-663-6114 or email: hospinfo@health.ny.gov

CMS Ombudsman http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html

CMS 1-800-MEDICARE (1-800-633-4227)

Office of Inspector General https://www.oig.hhs.gov/hotlineoperations

OIG 800-447-8477 or US Department of Health & Human Services, Attn: OIG Hotline Operations, P.O.BOX 23489,

Washington D.C. 20026

Accreditation Association of Ambulatory Health Care http://www.aaahc.org/

The Joint Commission for Accreditation http://www.jointcommission.org

Access to Medical Records

You have the right to:

- Speak privately with health care providers knowing your health care information is secure.
- Review and receive a copy of your Medical Records (including electronic format) upon written request and received within 30 days by secure transmission.

Seclusion and Restraints

You have the right to:

• Be free from seclusion or restraint for behavioral management unless medically necessary to protect your physical safety or the safety of others.

Billing

You have the right to:

- Information specific to fees for services and payment policies prior to date of services.
- Payment privacy when you choose to opt out of insurance coverage, in accordance with federal regulations.

PATIENT RESPONSIBILITIES

Providing Information

You have the responsibility to:

- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, current use of prescribed or OTC medications, and nutritional supplemental products and other health-related matters.
- Report perceived risks in your care and unexpected changes in your condition.
- Provide an Advanced Directive if you have one.
- Provide accurate and updated demographic and contact information for insurance and billing.

Involvement

You have the responsibility to:

- Participate in your plan of care and follow the recommended treatment plan.
- Ensure you have a designated responsible adult to provide transportation and assist with your care for 24 hours.

Respect and Consideration

You have the responsibility to:

- Act in a respectful and considerate manner toward healthcare providers, other patients, and visitors; physical or verbal threats or conduct which is disruptive to business operations will not tolerated.
- Be respectful of the possessions or property of others.
- Be mindful of noise levels.



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Insurance Billing

You have the responsibility to:

- Know the extent of your insurance coverage.
- Know your insurance requirements such as pre-authorization, deductibles and co-payments.
- Call the billing office with questions or concerns regarding your bill.
- Fulfill your financial obligations as promptly as possible.

This ASC is a Joint Venture with JT Mather Memorial Hospital

The following physicians may have a financial interest in the Port Jefferson Surgery Center:

Dr. Hesham Atwa **Dr. Brian McGinley Dr. Vincent Basilice** Dr. Rasel Rana Dr. Ajay Chitkara **Dr. Richard Savino Dr. Nicholas Craig Dr. Randy Schrager** Dr. Michaek Fracchia **Dr. John Sugrue Dr. Frank Lunati** Dr. John Yu

Dr. Salim Matar Dr. Andrew Zeniou

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