



DISCLOSURE STATEMENT

The Center for Medicare and Medicaid Services and the State of South Carolina requires that our Center inform you both verbally and in writing of the following information:

ADVANCE DIRECTIVE:

You have the right to participate in your own health care decisions and to make informed decision regarding your care at our Center.

It is the policy of this Center that, regardless of the contents of any advance directives/living will or instruction from a health care surrogate, patient representative, or attorney, the Center will always attempt to resuscitate a patient and transfer that patient to an acute health care facility in the event of deterioration. A copy of your advance directive will be sent to the acute care facility where your directive will be honored according to your wishes.

If you do not agree with the Center policy, you must address this issue with your physician or anesthesia provider prior to signing this form.

If you have an existing advance directive/living will, please bring a copy of it on the day of surgery/procedure for our files. If you do not have an Advance Directive, the Center will provide you with South Carolina State forms upon your request.

I have provided the Center with a copy of my Advance Directive Yes No

I request that the Center provide me with Advance Directive Forms Yes No

South Carolina Advance Directive Forms were given to patient if requested Yes

The following applies to Advance Directives in the State of South Carolina

- The State of South Carolina has no legal requirement that an advance directive is completed.
- Forms completed in other States will be honored in South Carolina.
- South Carolina law provides samples of each of the following forms:
 - Health Care Power of Attorney
 - Declaration of a Desire for a Natural Death

PATIENT GRIEVANCES

Should you, your representative, or your healthcare surrogate have a complaint or concern about the care you receive at our facility, please contact the Center Administrator, at 864-504-3555, or you can make us aware of your complaint in writing to:

ASC of Spartanburg
720 N. Pine Street
Spartanburg, SC 29303

We take all complaints and grievances seriously and it is this Center's policy to investigate all complaints and respond to you, your representative, or healthcare surrogate within seven days of our receipt of your grievance. We are also required to notify you in writing and therefore you, your representative, or healthcare surrogate will receive a letter when final investigation is completed that will inform you, your representative or healthcare surrogate of the results and resolution of the investigation.

You may also contact South Carolina DHEC or Medicare Ombudsman. Their contact information is located on the last page of the Patient's Rights and Responsibilities that you have received.

NON-DISCRIMINATION

The Federal Affordable Care Act, Section 1557, prohibits discrimination or refusal of treatment on the basis of race, color, national origin, sex, age, or disability.

If you feel that you have been subject to discrimination in healthcare or health coverage, you may file a complaint of discrimination under Section 1557 of the Affordable Care Act. You can go to the Office of Civil Rights' (OCR) website at www.hhs.gov/ocr to file a complaint or to request a complaint package. You can also call OCR at (800) 368-1019 or (800) 537-7697 (TDD) to speak with someone who can answer your questions and guide you through the process. OCR's complaint forms are available in a variety of languages on their website.

DISCLOSURE OF OWNERSHIP

The Center for Medicare and Medicaid Services and the State of South Carolina requires that our Center inform you that your physician may have a financial interest in this Center and that you have the right to have the procedure performed elsewhere. A list of physicians that have a financial interest in the ASC of Spartanburg is posted in our lobby.

PATIENTS RIGHTS AND RESPONSIBILITIES

The Center for Medicare and Medicaid Services and the State of South Carolina requires that our Center informs you both verbally and in writing of your rights as a patient in advance of your procedure in a manner in which you understand.

- This Center acknowledges these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for care and without being subjected to reprisal.
- You have the right to considerate and respectful care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- A set of Patient's Rights and Responsibilities were provided to me and are also posted in the lobby of the Center.

PROTECTED HEALTH INFORMATION: I hereby authorize the Center to provide the following persons with all medical data and information concerning my illness and procedure/surgery: _____
