

## Ownership Disclosure

The physician who referred you to the Outpatient Surgery Center of Hilton Head may have an ownership interest in this facility. You are free to choose another facility in which to receive the services that have been ordered by your physician. The following physicians are owners of the Outpatient Surgery Center of Hilton Head:

- Joseph Bishop, M.D.
- Mark Dean, M.D.
- Michael Gilbreath, M.D.
- Mark Goulas, M.D.
- Glenn Gwozdz, M.D.
- Richard Hussong, M.D.
- David Maurer, M.D.
- Thomas Rzeczycki, M.D.
- Scott Schultz, M.D.
- Douglas Scott, M.D.
- Joseph Tobin, M.D.
- Philip Zitello, M.D.

The information presented in this guide contains a summary of information. The complete information can be viewed at our website at [www.hhisurgery.com](http://www.hhisurgery.com) and is also available at our facility. Please do not hesitate to contact us at 843-682-5050 if you have any questions or concerns regarding any of the information presented in this guide or questions about your upcoming procedure.

### PATIENT/FAMILY SAFETY EDUCATION

#### Prevention and Control of Infection

1. Good handwashing has proven to be the best way to prevent the spread of infections. The most effective method is to wash hands before

and after every contact with the patient with an alcohol based hand gel or antimicrobial soap per the manufacturer's recommendations.

2. Use sneeze/cough etiquette: the nose and mouth should always be covered when sneezing or coughing, preferably with a tissue that is then discarded. If a tissue is not available, sneeze or cough into your sleeve. Avoid using your hands.
3. Avoid touching your eyes, nose, or mouth.
4. Notify your physician if you are sick. Stay away from people who are ill.
5. Follow your surgeon's or physician's instructions for bathing and activity/exercise. After your procedure do not shower or bathe before the date recommended. Water can carry bacteria into your wound.
6. Dressings applied to the wound should be kept clean and dry (and sterile if directed by the physician).
7. Eat a healthy diet and get plenty of rest.
8. Take all medications as directed if prescribed.

#### Verification of Correct Surgical Site

We invite you to assist us in the process of ensuring the correct site for your surgery or procedure.

- Read the procedure to be performed on the consent form and check that the correct procedure, and if applicable, the correct side or site is specified.
- As part of our Safety Initiative, every person caring for you will ask for your name and date of birth before caring for you.
- Preoperatively for most procedures, the surgeon or procedural physician will mark the surgical site with a "YES", or their initial.
- The surgical team will perform a "TIME OUT" before the start of your procedure to confirm that the correct procedure (and side, if applicable) will be performed.

#### Safety Questions or Concerns

Please do not hesitate to ask any questions regarding your care or discuss any concerns regarding matters of safety. Be sure you understand your discharge instructions and the medications you are to take when you return home.



## Preprocedure and Preoperative Patient Guide

Thank you for choosing the Outpatient Surgery Center of Hilton Head. Please take the time to read through the information in this guide to ensure that you are informed of your rights and responsibilities as a patient and to help us ensure that your experience is optimal. Ensuring your safety and comfort is our primary goal.

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Hilton Head Island, SC 29926  
(843) 682-5050  
[www.hhisurgery.com](http://www.hhisurgery.com)

## Patient Rights

As a patient at the Outpatient Surgery Center of Hilton Head, you have the following rights:

- Considerate, respectful, and dignified care and respect for personal values, beliefs, and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, gender identity, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the facility to disclose, when, applicable, physician financial interests or ownership in the facility.
- Receive assistance when request a change in primary or specialty physicians, dentists, or anesthesia providers if other qualified physicians, dentists, or anesthesia providers are available.
- Receive information about health status, diagnosis, the expected prognosis, and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment, or services planned and refuse care, treatment, or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of

furnishing or discontinuing patient care whenever possible.

- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/education projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the facility, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the facility's policy regarding advance directives/living will. Expect the facility to provide the state's official advance directive form if requested and where applicable.
- Obtain information on disclosures of health information within a reasonable time frame.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Be free from all forms of abuse or harassment.
- Access to language assistance service, free of charge, be a qualified interpreter for individuals with limited English proficiency or individuals with a disability.

- Expect the facility to establish a process for prompt resolution of patient's grievances and to inform each patient who to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodge with the state agency directly using the contact information provided.

If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient will be exercised by the person appointed under State law to act on the patient's behalf.

If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by state law.

## Patient Responsibilities

You are responsible for:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and facility.
- Identifying any patient safety concerns.
- Observing prescribed rules of the facility during your stay and treatment.
- Providing a responsible adult to transport you home from the facility and remain with you for 24 hours.
- Report whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications-including over-the-counter products and dietary supplements, and any allergies or sensitivities, unexpected changes in your condition or any other patient health matters.

- Promptly fulfilling your financial obligations to the facility, including charges not covered by insurance.
- Payment to facility for copies of the medical records you may request.
- Information your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

	<a href="http://www.jointcommission.org">www.jointcommission.org</a>
OFFICE OF CIVIL RIGHTS	US Department of Health and Human Services Office of Civil Rights 200 Independence Avenue SW, Room 509F, HHH Building Washington D.C. 20201 (800) 368-1019; (800) 537-7697 TDD <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>

## Grievances

In order to maintain channels of communication and assist in a resolution of complaints and grievances, an internal procedure is available for the purpose of reporting problems which may arise. Management personnel are responsible for investigating and resolving complaints. The investigation and resolution of such complaints and grievances shall be prompt, impartial, and confidential. Submit the complaint to the supervisor as soon as possible, preferably within ten (10) days from the date of occurrence. If you are not satisfied with the resolution of your complaint, then forward the complaint to the attention of:

FACILITY	Outpatient Surgery Center of Hilton Head Jason Weaver, CEO
STATE AGENCY	South Carolina Department of Health and Environment Control 2600 Bull Street Columbia, SC 29201 (803) 545-4370
MEDICARE	Office of the Medicare Beneficiary Ombudsman: <a href="http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html">www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html</a>
ACCREDITING ENTITY	The Joint Commission 1 Renaissance Blvd. Oakbrook Terrace, IL 60181 (800) 994-6610