

**Mobile Surgery Center
Owned and Operated by Surgical Care Affiliates
569 Brookwood Village, Suite 901
Birmingham, Alabama 35209**

The following Physicians have ownership in Mobile Surgery Center through the
Partnership of

The Orthopaedic Group (TOG)

Milton A. Wallace, MD

James L. West, MD

Stephen B. Cope, MD

J. Michael Cockrell, MD

Thomas M. Barbour, III, MD

Todd K. Volkman, MD

Bendt P. Petersen, III, MD

William I. Park, IV, MD

Jeffrey M. Conrad, MD

Clinton W. Howard, IV, MD

Todd Engerson, MD

Robert Baird, MD

Jacob F. Kidder, MD

Mathew L. Busbee, MD

J. Nick Rachel, MD

Charles Wilson, MD

Guy Rutledge, III, MD

All the above physicians are located at 6144 Airport Blvd, Mobile, AL 36608

Paul Taupeka, MD – 3290 Dauphin St. #407 Mobile, AL 36606

Charles F. Jones, MD – 610 Providence Pk. #202 Mobile, AL 36695

G. Michael Johnson, DPM – 705 N. Bishop Ln Mobile, AL 36608

Peter Zloty, MD – 3290 Dauphin St. Suite 500 Mobile, AL 36606

If an adverse event occurs during an episode of care at Mobile Surgery Center, it is policy based on reasons of conscience; all reasonable efforts will be taken to revive, resuscitate or provide other stabilizing measures to the patient regardless of the contents of any Advanced Directive, Living Will or other Health Care Proxy or instructions from any agent. "It is the patient's responsibility to inform their physician and Mobile Surgery Center if there is an Advance Directive. In the event of a patient transfer from Mobile Surgery Center to another facility, a copy of the Advance Directive will be forwarded to the receiving facility".

Mobile Surgery Center
Patient Rights and Responsibilities

We look forward to your upcoming visit at Mobile Surgery Center. It is the policy of the Surgery Center to notify you of the following information contained on this document (front and back) prior the date of your surgery or procedure. We will also be contacting you by phone prior to your arrival for pre-admission information.

MSC observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values or belief systems.

You have the right to:

- 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, 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 center to disclose, when applicable, physician financial interest or ownership in the center.
- Receive assistance when requesting a change in primary or specialty physicians, or anesthesia provider if other qualified physicians, 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 to 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 anytime.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the center, 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.
- Obtain information concerning fees for services rendered and the center's payment policies.

- 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.
- Expect the center to establish a process for prompt resolution of patients' grievances and to inform each patient whom 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 lodged with the state agency directly using the contact information provided below.

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 the center.
- Identifying any patient safety concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to transport you home from the center and remain with you for 24 hours if required by your provider.
- Reporting 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 center and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- Payment to center for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

You may contact the following entities to express any concerns, complaints or grievances you may have:

CENTER	JULIE C SAUCIER RN, BSN ADMINISTRATOR (251) 438-3614
STATE AGENCY	ATTN: CARTER SIMS DIRECTOR OF CERTIFICATION ALABAMA DEPARTMENT OF PUBLIC HEALTH DIVISION OF PROVIDER SERVICES THE RSA TOWER, SUITE 680, 201 MONROE STREET MONTGOMERY, AL 36104 MAIN (334) 206-5175 COMPLAINTS (334) 206-2039 OR 1 (800) 356-9596
MEDICARE	OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN: 1 (800) MEDICARE (633-4227) http://www.cms.gov/Center/Special-Topic/Ombudsman-Center.html

To care for our patients, serve our physicians and improve healthcare in America.