

Approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or their payment contract.

Be informed of any human experimentation or other research/educational projects affecting his/her care or treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care. Express grievances/complaints and suggestions at any time.

Change primary or specialty physicians or dentists if other qualified physicians or dentists are available.

Be informed that FPSC does not honor advance directives with regard to elective procedures performed in this facility. Official State of Texas Advanced Directive Form is available to patients in English and Spanish on request. Please discuss this matter with your admitting nurse if you have any questions. Any patient may refuse treatment once informed of this surgery center policy.

Be fully informed before any transfer to another facility or organization.

Express those spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of medical therapy for the patient.

Inquire and be informed regarding the criteria for credentialing of medical staff.

## PATIENT RESPONSIBILITIES

### THE PATIENT (OR, HIS/HER PARENT OR LEGAL REPRESENTATIVE) IS RESPONSIBLE FOR:

Providing to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health. A patient is responsible for making it known whether he/she clearly comprehends the procedure contemplated.

Assuring that the financial obligations for his/her health care are fulfilled according to the financial requirements of the surgery center. The patient is responsible for providing information for insurance.

Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.

Appropriate respect for the property of others and the facility.

Keeping appointments, and when unable to do so for any reason, for notifying the facility and the physician.

Observing the prescribed rules of the facility during his/her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and being responsible for the outcome.

Ensuring that there is a responsible adult driver/caregiver to accompany the patient home.

Fish Pond Surgery Center (FPSC) is a multi-specialty surgery center performing over 4,000 surgeries annually. FPSC is owned by FPSC II, LLC, General Partner. This entity is comprised primarily of physician owners.

## OWNERSHIP OF FISH POND SURGERY CENTER

|                          |                           |                          |
|--------------------------|---------------------------|--------------------------|
| David Pinkstaff, M.D.    | Gary L. Becker, M.D.      | William R. Haskett, M.D. |
| Mark W. Story, M.D.      | J. Kendall Ethridge, M.D. | Paul Redman III, M.D.    |
| Donald A. Stewart, M.D.  | Jerry A. Benham, M.D.     | Brian Becker, M.D.       |
| Jeffrey S. Sanders, M.D. | Jon Marc Goodnight, M.D.  | Mark Moore, M.D.         |
| William H. Turney, M.D.  | Russell E. Swann, M.D.    | Michelle Manning, M.D.   |
| Gayland L. Sims, M.D.    | Kyle K. Ballew, D.P.M.    | Katherine Haynes, M.D.   |
| David Hoffman, M.D.      | Karina Loya, D.P.M.       | Jeff Chancellor, M.D.    |
| John Bawduniak, M.D.     | John Bagnasco, M.D.       | Jeffrey Leinfelder, M.D. |
| Christen LeBlanc, M.D.   | Mace L. Brindley, M.D.    | Herman Quinius III, M.D. |
| Todd Moffatt, M.D.       | Bradford Holland, M.D.    | James R. Tandy, M.D.     |
| Elizabeth Kiraly, M.D.   |                           | Jacob R. Battle, M.D.    |

Providence Health Care Network  
6901 Medical Parkway  
Waco, Texas 76712

FPSC performs ENT, General, Gynecologic, Neurologic, Ophthalmologic, Oral, Orthopedic, Pain Management, Podiatric, and Urologic Procedures. This facility is licensed by the State of Texas and certified to provide care to Medicare and Medicaid patients. The operation hours of the center are 7:00 a.m. to 5:00 p.m. Monday through Friday. **NO OVERNIGHT SERVICES ARE PROVIDED AT THIS FACILITY.** In the event that your physician feels that you may need overnight care, you will be transferred to a local hospital.

This facility provides **NO AFTER HOURS EMERGENCY CARE.** Should you have a medical emergency following your discharge from FPSC, **call 911** and go to the emergency room.

We appreciate you choosing FPSC for your outpatient surgical care. We strive for excellence and welcome any comments you have regarding your stay with us.

FPSC has an established grievance policy. Every grievance should be submitted orally or in writing within three (3) working days after the problem becomes known to the patient. The grievance procedure is available to all patients and visitors of the center.

THANK YOU FOR CHOOSING FISH POND SURGERY CENTER!

**Any complaints against the facility may be directed to:**

**Texas Department of State Health Services  
1-888-973-0022  
P.O. Box 14937  
Austin, Texas 78714-9347  
Attention: Paula Moore**

[www.medicare.gov/ombudsman/activities.asp](http://www.medicare.gov/ombudsman/activities.asp)

**Office of the Medicare Beneficiary Ombudsman**

# FISH POND SURGERY CENTER

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**If you have any questions please contact: our Privacy Contact who is Rebecca Nickell.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your physical or mental health or condition and related health care services.

We may change the terms of notice at any time. You will be provided with any revised notice, upon request.

### 1. Uses and Disclosures of Protected Health Information

#### **Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

You will be asked by your physician to consent to the use and disclosure of your protected health information for treatment, payment and health care operations.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the disclosure with a physician who may be treating you, or health care provider who, at the request of your physician, becomes involved in your care.

**Payment:** Your protected health information may be used to obtain payment for your health care services.

**Healthcare Operations:** We may use or disclose, your protected health information in order to support the business activities of your physician's practice such as quality assessment, employee review activities, training of medical students, as well as billing and transcription services.

#### **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted by law as described below. You may revoke this authorization at any time, in writing, except to the extent that your physician has taken an action in reliance on the authorization.

### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

We may use and disclose your protected health information in the following instances:

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object, we may disclose such information as necessary if we determine that it is in your best interest.

**Emergencies:** Consent shall be attempted as soon as reasonably possible, but if your physician is unable to obtain consent, your protected health information may still be used and disclosed in order to treat you.

**Communication Barriers:** If your physician attempts to obtain consent but is unable to do so due to substantial communication barriers, the physician may determine, using professional judgement, that you intend to consent to use or disclosure under the circumstances.

### **Other permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

The following situation do not require your consent:

**Required by Law:** Disclosures will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health:** We may disclose information for public health activities for controlling disease, injury or disability, or to a foreign government agency collaborating with a public health authority.

**Communicable Diseases:** As authorized by law, disclosure will be made to a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Abuse or Neglect:** Disclosure will be made to a public health authority authorized by law to receive reports of child, adult dependent, or elder abuse or neglect. If we believe that you have been a victim of abuse, neglect or domestic violence we may disclose this information, consistent with all applicable laws.

**Food and Drug Administration:** Disclosure may be granted to a company required by the Food and Drug Administration to report adverse events, product problems, biologic product deviations, and to track products.

**Legal Proceedings:** Disclosure shall be granted in the course of any judicial or administrative proceeding, in response to an authorized order of a court or administrative tribunal, subpoena or other lawful process.

**Law Enforcement:** Disclosure shall be made for law enforcement purposes including requests for identification and location purposes, pertaining to victims of a crime, suspicion of death due to criminal conduct, and a medical emergency where crime has likely occurred on or off the premises.

**Coroners, Funeral Directors, and Organ Donation:** Disclosure shall be made to a coroner or medical examiner for identification purposes, or determining cause of death. We may also disclose to a funeral director or for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose information to researchers when their research has been approved by an institution review board.

**Criminal Activity:** Disclosure may be made, consistent with applicable laws, if we believe it is necessary to prevent or lessen a serious threat to the health or safety of a person or the public.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member.

**Worker's Compensation:** We may disclose information, as authorized, to comply with worker's compensation laws and other similar legally-established programs.

**Inmates:** We may disclose information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## **2. Your Rights**

Following is a statement of your rights with respect to your health information.

**You have the right to inspect and copy your protected health information.** You may inspect and obtain a copy of protected health information about you for as long as we maintain the information. An additional fee may be charged for copies. Under federal law, you may not inspect or copy the following records; psychotherapy notes; information compiled in anticipation of, or use in, a civil or criminal action, and protected health information that is subject prohibitions of access. We may deny your access, and depending on the circumstances you may request a review of the denial.

**You have the right to request a restriction of your protected health information.** You may ask us not to use or disclose any part of your protected health information, and you may request that any part of your protected health information not be disclosed to family members or friends. Your request must state the specific restriction and to whom you want the restriction to apply. Your physician is not required to abide by your request if the physician believes it is in your best interest to permit use and disclosure of such information. Otherwise we must abide by your request for restriction unless it is needed to provide emergency treatment. Please discuss any restriction you wish to request with your physician and this facility.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate

reasonable requests, and may ask you for information as to how payment will be handled or specification of an alternative address or other method of contact.

**You may have the right to have your physician amend your protected health information.** You may request an amendment of protected health information about you. We may deny your request, if so, you have the right to file a statement of disagreement with us and a rebuttal will be issued.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** You have the right to receive specific information regarding disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions.

**You have the right to obtain a paper copy of this notice from us, upon request.**

## **3. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on May 5, 2009.

## **PATIENT RIGHTS**

### **THE PATIENT HAS THE RIGHT TO:**

Receive the care necessary to help regain or maintain his/her maximum state of health and, if necessary, cope with death.

Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience to perform the services for which they are responsible with the highest quality of service.

Expect full recognition of individuality, including privacy in treatment and care. In addition, all communications and records will be kept confidential.

Complete information, to the extent known by the physician, regarding diagnosis, treatment and prognosis, as well as alternate treatments or procedures and the possible risks and side effects associated with treatment.

Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care and related fees for services rendered.

Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's designated representative or other legally designated person shall exercise the patient's rights.

Refuse treatment to the extent permitted by law and be informed of the medical consequences of such a refusal. The patient accepts responsibility for his/her actions should he/she refuse treatment or not follow the instructions of the physician or facility.