

Any complaints may be directed to the Administrator of North Austin Surgery Center at (512) 832-9088. If this venue does not provide you with an acceptable resolution, the Texas Department of Health is the responsible agency for ambulatory surgical center complaint investigations. Any complaints may be submitted to: Director, Texas Department of Health, Health Facility Compliance Division, 1100 West 49th Street, Austin, Texas 78756, 1-888-973-0022.

Medicare Ombudsman contact:  
1-800-MEDICARE  
[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

## StDavid's | NORTH AUSTIN SURGERY CENTER

12201 Renfert Way, Suite 120 • Austin, Texas 78758  
TEL. 512.832.9088 Fax 512.833.6137

Your physician has an ownership interest  
in North Austin Surgery Center.



Yes



No

### Patient's Rights

The staff and personnel of the North Austin Surgery Center recognize the basic human rights of patients. Efforts are directed to providing care commensurate with those basic human rights. Patients are treated with respect, consideration, and dignity. Patients are provided, to the degree known, complete information concerning their diagnosis, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patients or to a legally authorized person. Patients are provided appropriate privacy of any information or treatment concerning his/her own medical care. Patients have the right to be informed of any persons other than routine personnel that would be observing or participating in his/her treatment. Patient disclosures and records are treated confidentially, and, except when required by law, patients are given the opportunity to approve or refuse their release. Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons. Patients have the right to change primary or specialty physicians if other qualified physicians are available.

### **Patients have the right to:**

- know the person or persons responsible for coordinating his/her care.
- receive from his/her physician enough information so that he/she may understand the procedure or treatment being received in order to sign the informed consent.
- refuse treatment and to be informed of the consequences of his/her actions.
- know if any research will be done during his/her treatment and have the right to refuse.
- expect quality care and service from the facility.
- be informed of mechanism by which he/she will have continuing health care following discharge from this surgery center.
- examine and receive an explanation of his/her bill regardless of source of payment.
- know in advance the expected estimated amount of his/her bill. Patients have the right to know what North Austin Surgery Center rules and regulations apply to his/her conduct and responsibilities as a patient.
- know methods for expressing grievances and suggestions to the North Austin Surgery Center.
- information concerning the institution to which he/she may have to be transferred. The institution to which the patient is being transferred must give approval prior to transfer.
- be assured that marketing or advertising regarding the competence and capabilities of this facility and its organization is not misleading to patients.
- have an advanced directive (such as living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the facility will honor the intent of that directive to the extent permitted by law and facility policy.
- disclosure regarding physician financial interest or ownership in the Surgery Center.

### **Patient's Responsibilities**

It is the patient's responsibility to:

- read and understand all permits and/or consents he/she signs. If the patient does not understand, it is the patient's responsibility to ask the nurse or physician for clarification.
- answer all medical questions truthfully to the best of his/her knowledge.
- read carefully and follow the pre-operative instructions received from his/her physician and/or the North Austin Surgery Center and notify the Center if he/she has not followed pre-operative instructions.
- arrange for a responsible adult to provide transportation to and from North Austin Surgery Center, and remain with the patient for period of at least 24 hours after surgery, or as directed and appropriate with the medications and/or anesthetics he/she will be receiving.
- read carefully and follow the post-operative instructions he/she receives from the physician(s) and/or nurses. This includes post-operative appointments.
- contact his/her physician if he/she has any complications.
- be respectful of all the healthcare providers and staff, as well as other patients.
- assure all payments for service rendered are in a timely basis and ultimate responsibility is his/hers, regardless of whatever insurance coverage he/she may have.
- notify the Administrator, Director of Clinical Services, Director of Business Services or their designee at North Austin Surgery Center if he/she feels any rights have been violated, has a significant complaint or a suggestion to improve services or quality of care. This can be accomplished by filling out our Patient Questionnaire or by direct contact.