

LUTHERVILLE SURGICENTER

Welcome and thank you for choosing the Lutherville SurgiCenter to have your surgical procedure.

The Center is solely owned and operated by the physicians of the Greater Chesapeake Hand Specialists Practice. The Center was created for the comfort, convenience and cost effectiveness for our patients. Our physicians also perform surgery at Union Memorial and Good Samaritan Hospitals.

It is important for you, as our patient, to read the enclosed materials. If you have any questions, you may contact your surgeon's office or call the SurgiCenter directly.

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of the Lutherville SurgiCenter, you have the following rights:

1. To be accorded dignity as an individual and to receive equitable and humane treatment.
2. Receive care based upon medical needs without regard to age, race, creed, national origin, sexual orientation, physical challenge or source of payment.
3. To privacy to the extent consistent with adequate medical care. Case discussion, examination and treatment are confidential and will be conducted discreetly.
4. To have all records and communications pertaining to your care treated as confidential and private.
5. To know the name and function of any person rendering care and the name of the physician responsible for your care.
6. To refuse to participate as a teaching subject or to give data for research purposes. Experimental care or treatment will only be performed only with your consent and knowledge.
7. To receive information necessary to give informed consent, to know what is to be performed, by whom, why, other options available and the risks involved.
8. To receive information concerning diagnosis, treatment and prognosis in terms you can reasonably be expected to understand. If it is not medically advisable or feasible, to give information to you, the information will be made available to the individual designated by you to receive such information.
9. To refuse treatment to the extent permitted by law and to be informed of the medical consequences of your refusal.
10. To be fully informed of the fees involved with your care and to receive a full explanation of the services covered by the fee. You may request for your examination an itemized bill for your treatment.
11. To express grievances , without recrimination, your concerns regarding your care, to have those concerns reviewed, and when possible, resolved. You may direct those inquiries to:

Lutherville SurgiCenter, c/o Administrator, 1400 Front Ave, Suite 100A, Lutherville, MD 21093

Medicare Beneficiary Ombudsman: www.medicare.gov/ombudsman/resources.asp

MD Department of Health; Keith Tobias, Constituent Services, 410-767-5763;

constituentservices@dhmd.state.md.us

As a patient of the Lutherville SurgiCenter, you have responsibilities:

1. To participate as a partner in your care and treatment. Discuss your concerns and questions with those rendering care to you and remain involved with your treatment and care.
2. To cooperate with safety measures and to be considerate of the rights of others within the Center.
3. To make every effort to pay your bills in a timely manner. If you need to make payment arrangements, the Billing Office will assist you in making suitable arrangements.