REX SURGERY CENTER OF WAKEFIELD, LLC
PATIENT RIGHTS AND RESPONSIBILITIES & GRIEVANCE PROCESS

The patient, the patient's representative or the patient's surrogate has the right to:

1. Receive care that is free of discrimination and is respectful of your personal privacy, personal value, dignity, and beliefs.
2. The center will not take punitive action as a reprisal or discriminate against a patient, their representative or surrogate. This includes reprisals or discrimination against a patient merely because he or she has exercised their rights.
3. Be cared for in a safe and respectful environment.
4. Receive private and confidential treatment.
5. Confidentiality, privacy, and security of your healthcare information.
6. Be involved in the decisions about your treatment/care plan, discharge plan, and pain management plan.
7. Receive full information about the risks, benefits, and alternatives to your plan of care given to you in a way you can understand and through the use of an interpreter, if needed. You have the right to choose to use your own interpreter or use one supplied by the center.
8. Request or refuse care/treatment to the extent permitted by law. Your care provider will explain the medical consequences of refusing recommended treatment.
9. To agree or refuse the use of recording, films, or other pictures to be used for reasons other than your care.
10. Have a family member or representative of your choice and your own physician notified of your admission to the center.
11. Receive information about advance directives (Living Will, Healthcare Power of Attorney), obtain assistance in completion of advance directives, and have advance directives available in the medical record.
12. Be involved in end of life care decisions to include withholding life sustaining treatments, resuscitative services, and organ/ tissue donation.
13. Know the name and role of your care providers (doctor, nurse, etc.) and know who is primarily responsible for your care.
14. Request to see information contained in your medical record and request changes to be made in your medical record.
15. Know to whom your information has been disclosed.
16. Be free from abuse, neglect or harassment and to receive our help in contacting advocacy or protective services.
17. Be free from restraint and seclusion that is not medically required or is used inappropriately.
18. Receive medically necessary treatment regardless of your ability to pay.
19. Be informed of charges and your financial responsibility. Receive financial counseling if requested.
20. Participate in or decline to participate in research. You may decline at any time without compromising your care or treatment.
21. Receive copies of your center bills and an explanation of charges.
22. Have a family member, representative or surrogate of his or her choice and his or her own physicians notified promptly of his or her admission to the center.
23. Be free from all forms of abuse or harassment.
24. Be informed of services available at the center, provisions for after hours care, and fees for services.
25. Know the reasons for any proposed change in the professional staff responsible for his/her care. Have the right to change providers if other qualified providers are available.
26. Know the reasons for his/her transfer either within or outside the center.
27. The patient's family or surrogate has the right of informed consent of donation of organs or tissues.
28. Have your compliments, or concerns, and complaints/grievances addressed. Your concerns will not affect your access to care, treatments, or services. Please direct your comments to the staff delivering your care, the department management, or Rachel McCants, Executive Director, rachel.mccants@unchealth.unc.edu. You may also call the Division of Health Services Regulation at 1-800-624-3004 or contact Medicare at this web site: www.medicare.gov/Ombudsman/activities.asp. You may also contact the NC Division of Health Service Regulation Complaint Intake Unit Division Contact, at 1-800-624-3004 or 919-855-4500 from 8:30 am to 4:00 pm weekdays, except for holidays, fax 919-715-7724 or by mail at 2711 Mail Service Center, Raleigh, NC 27699-2711
29. Rex Surgery Center of Wakefield, LLC seeks to address problems and concerns as quickly as possible. Anticipation of potential problems and sensitivity to patients' concerns will be utilized by staff to solve patient problems. In the event a patient or visitor is dissatisfied with some aspect of their experience with the center, the patient grievance/ complaint procedure will be utilized to address these concerns. Upon completion of the investigation, the Executive Director will send a letter to the patient to relay his findings and the results. A letter to the patient updating them on the process of investigation or results of the investigation will be sent within 7 days of receiving the grievance and every 30 days until the grievance is resolved.

The patient, the patient's representative or the patient's surrogate responsibilities are to:

1. Provide us as much information about your health and medical history as possible, including medications and over the counter medications/vitamins.
2. Ask questions when you do not understand.
3. Follow instructions for your care. If you are unable or unwilling to follow instructions, you need to tell us. You are responsible for the outcomes of not following your plan of care.
4. Act in a manner that is respectful of other patients, staff, and center property.
5. Accept personal financial responsibility for any charges not covered by your insurance.
6. Follow the center's rules and regulations.
7. Have a responsible adult drive you to and from the surgery center and provide care for the first 24 hours after surgery.
8. Keep appointments and for calling the physician if you are not able to keep appointments.
9. Accept responsibility if you refuse to follow the physician's and centers orders.
10. Tell the center personnel about a Living Will, Medical Power of Attorney, or other documents that could affect your care.

PATIENT GRIEVANCE PROCESS

In the event a patient, their representative or surrogate has a complaint or adverse experience the following process will be initiated:

1. If you have a quality concern regarding your care or the care of a loved one while at our facility, please ask to speak with a member of the leadership team.
2. Upon receiving a complaint, a member of the leadership team will address the problem with the patient and/or family member at that time.
3. Should you have a quality concern after leaving our facility, please contact Rachel McCants, Executive Director, rachel.mccants@unchealth.unc.edu.
4. In the event the patient has left the center, a member of the leadership team will attempt to contact the individual by the next business day.
5. All grievances will be documented utilizing the Rex electronic incident reporting system and Rex Surgery Center of Wakefield, LLC will follow the Rex Health System policy for grievance resolution.
6. Upon completion of the investigation, the Executive Director will send a letter to the patient to relay his findings and the results. A letter to the patient updating them on the process of investigation or results of the investigation will be sent within 7 days of receiving the grievance and every 30 days until the grievance is resolved.
7. All patient complaints, findings and results will be presented to the Medical Executive Committee for review.
8. If the patient is unable to resolve the situation to his/her satisfaction, he/she may request a personal interview with the Executive Director or Rex Grievance Officer.
9. At no time will the patient or family member experience an adverse reaction to their complaint by any employee of the center.
10. The patient may make a complaint to Medicare at this web site: www.medicare.gov/Ombudsman/activities.asp.
11. The patient may also contact the NC Division of Health Service Regulation Complaint Intake Unit Division Contact at 1- 800-624-3004 or 919-855-4500 from 8:30 am to 4:00 pm weekdays, except for holidays, fax 919-715-7724 or by mail at 2711 Mail Service Center, Raleigh, NC 27699-2711.

NON-DISCRIMINATION NOTICE

We comply with applicable Federal civil rights laws and do not discriminate on the basis of age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state, or local law. We provide free aids and services to people with disabilities to communicate effectively with us and free language services to people whose primary language is not English, such as qualified interpreters; or information written in other languages. If you need access to services or to report a concern regarding discrimination in access to services, please contact the Clinical Manager at 919-570-7549. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Clinical Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 202011-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.