PATIENT RIGHTS

Karing Hearts Cardiology Heart and Vascular Center
701 N State of Franklin, Suite 9
Johnson City, TN 37604
423 850 0776

PATIENT RIGHTS

- Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care.
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure, and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- Receive the care necessary to regain or maintain his or 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, as well as perform the services for which they are responsible with the highest quality of services.
- Be fully informed of the scope of services available at the facility, provisions for after-hours 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 rights shall be exercised by the patient's designated representative or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions including refusal of treatment or not following the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third-party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of 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.
- Access to and/or copies of his/her medical records.
- Be informed as to the facility's policy regarding advance directives/living wills.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English.
- Have an assessment and regular assessment of pain.
- Education of patients and families, when appropriate, regarding their roles in managing pain.
- To change providers if other qualified providers are available.

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If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.
If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state laws may exercise the patient's rights to the extent allowed by state law.

PATIENT RESPONSIBILITIES

- Be considerate of other patients and personnel and assist in the control of noise, eating and other distractions.
- Respecting the property of others and the facility.
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing care givers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition, or any other patient health matters.
- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeit of care at the facility.
- Promptly fulfilling his or her financial obligations to the facility.
- Identifying any patient safety concerns.

Grievance Policy
The Center strives to provide high quality of care and achieve patient satisfaction. Patient grievances/complaints provide a means to measure achievement of this goal and to identify a need for performance improvement.
Grievance/Complaint: Grievances are defined as care that the ASC provided or allegedly failed to provide.

Neglect – Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness (42 CFR 488.301).

Abuse – The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (42 CFR 488.301).

All complaints received by the Center personnel shall be forwarded to the Clinical Manager or their designee immediately. The Clinical Manager will respond to the grievance within 48 hours of receiving it. For a full copy of the grievance procedure, please ask any Center personnel.

To report a complaint or grievance you can contact the Clinical Manager by phone at 423 850 0776.
or by mail at:
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701 N State of Franklin, Suite 9
Johnson City, TN 37604

Complaints and grievances may also be filed through:
TENNESSEE Department of Health
425 5th Ave. North, Cordell Hull Bldg., 3rd Floor.
Nashville, TN 37243
615-741-3111

State Medical Board of TENNESSEE
Office of Investigations
665 Mainstream Drive, 2nd Floor, Suite 201
Nashville, TN 37243

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Office of the Medicare Beneficiary Ombudsman
Online: http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html
Visit the web site listed above or call 1-800-MEDICARE (1-800-633-4227) for more information, to ask questions, and to submit complaints about Medicare to the Office of the Medicare Ombudsman. TTY users should call 1-877-486-2048.

Accreditation Commission for Healthcare (ACHC)
139 Weston Oaks Ct, Cary, NC 27513
(919) 785-1214

ADVANCE DIRECTIVE NOTIFICATION

It is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney. If you wish to complete an Advance Directive, copies of the official State forms are available at our facility. If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

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DISCLOSURE OF OWNERSHIP
Karing Hearts Cardiology Heart and Vascular Center is a Limited Liability Corporation (LLC), which is owned by: Dr. Jeffrey Schoondyke, and Dr. Erasme Coly

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701 N State of Franklin, Suite 9
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ASC HOURS: 7am-6pm
Alternating Mondays

Other times by appointment only

District Attorney
www.tndagc.org
115 E Jackson Blvd, Jonesborough, TN 37659
(423) 753-5020

By signing this document, I acknowledge that I have read and understand its contents. I have been provided with a paper copy.

_____
Patient/Representative Signature

_____
Date