THE SURGICAL PAVILION

9500 Kanis Rd, Suite 401, Little Rock, AR 72205 | 501-227-9088 | surgicalpavilion.com

Notice of Patient Rights

Welcome to The Surgical Pavilion. We are committed to treating every patient with dignity, respect, and compassion. As a patient at our Center, you have important rights that are protected by federal and Arkansas state law. This notice is provided to you **before** any procedure begins so that you are fully informed of those rights.

YOUR RIGHTS AS A PATIENT

1. **Be Treated with Dignity and Respect.** You have the right to receive care that is respectful, compassionate, and free from all forms of discrimination — including discrimination based on race, color, national origin, religion, sex, age, or disability. You will never be subjected to abuse, neglect, exploitation, or any form of verbal, mental, sexual, or physical mistreatment.
2. **Be Informed of Your Rights.** You have the right to receive this notice in writing before your procedure begins, so you fully understand your rights as a patient.
3. **Participate in Your Own Care.** You have the right to take an active role in decisions about your care and treatment. This includes the right to accept or refuse any treatment to the extent permitted by law, and to be informed of the medical consequences of such refusal.
4. **Receive Clear, Understandable Information.** You have the right to receive information about your diagnosis, your treatment options, and what results to expect — explained in a language and manner you can understand. Interpreter services are available upon request.
5. **Receive Care from Qualified Professionals.** You have the right to receive care from licensed, qualified, and competent medical professionals who meet all applicable state and federal standards.
6. **Have Your Pain Assessed and Managed.** You have the right to have your pain assessed regularly and treated promptly and effectively as part of your care.
7. **Privacy and Confidentiality of Your Health Information.** You have the right to have your personal and medical information kept private and confidential, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and all applicable laws.
8. **Access Your Medical Records.** You have the right to request and receive a copy of your medical records in a timely manner, as permitted by applicable federal and Arkansas state law.
9. **Know Who Is Caring for You.** You have the right to know the name, title, and professional role of every person providing care to you at this facility.
10. **Know About Physician Financial Interests.** You have the right to be informed whether any physician treating you has a financial interest or ownership stake in this facility. Further information can be provided, at your request.
11. **Have Your Advance Directives Respected.** You have the right to receive information about advance directives — such as a Living Will or Healthcare Power of Attorney — and to have your documented advance directives honored to the extent permitted by law. Please note that because this is an outpatient surgical setting, there may be limitations on how certain directives can be followed. Our staff will discuss such limitations with you. See the Advance Directives Notice section below for more information.
12. **Make Decisions Free from Pressure.** You have the right to make informed decisions about your care without being coerced, pressured, or intimidated by anyone.
13. **Give Informed Consent.** Before any procedure, you have the right to a thorough explanation that includes what the procedure involves, its potential risks and benefits, available alternatives, and what may happen if you choose not to have the procedure, all before you are asked to sign a consent form.
14. **Be Free from Unnecessary Restraints.** You have the right to be free from any physical or chemical restraints, or seclusion, that are not medically necessary or required for your safety.
15. **Have Your Personal Property Respected.** You have the right to expect that your personal belongings will be handled with care and respect while you are in our facility.
16. **File a Complaint or Grievance Without Retaliation.** You have the right to voice a concern, file a complaint, or submit a formal grievance at any time, without fear of retaliation or negative impact on your care. All grievances will be promptly investigated and resolved.

HOW TO FILE A COMPLAINT OR GRIEVANCE

We take all patient concerns seriously. If you are unhappy with any aspect of your care or experience, please follow these steps:

Speak to a staff member or nurse right away. Many concerns can be resolved quickly by talking with someone on your care team. Please do not hesitate to speak up.

If your concern is not resolved, contact our Grievance Coordinator at the number listed on the first page of this notice.

FILING A COMPLAINT WITH THE STATE OR MEDICARE

You also have the right to file a complaint directly with the state and/or Medicare.

Arkansas Department of Health Facility Services
5800 West 10th Street, Suite 400, Little Rock, AR 72204
Phone: 501-661-2201

Medicare Beneficiary Ombudsman *(for Medicare patients)*
www.medicare.gov/claims-appeals/medicare-beneficiary-ombudsman

ADVANCE DIRECTIVES NOTICE

An **advance directive** is a legal document, such as a **Living Will** or **a Healthcare Power of Attorney**, that tells your healthcare team what kind of care you want if you are unable to speak for yourself. Arkansas law recognizes both documents.

Our staff will ask whether you have an advance directive. If you do, please bring a copy of this document with you, to be filed in your medical record.

If you do not have the above-mentioned document, an Arkansas Declaration will be made available to you, if requested, as required by law. You can also visit the Arkansas Department of Health website.

The Arkansas Declaration is your state's living will, which allows you to state your wishes about medical care in the event that you either: (1) Develop a terminal condition and are unable to make your own medical decisions; or (2) you are in a permanently unconscious state. The Declaration becomes effective when you are in either of these states; your physician and one other physician have determined you are in such a state, and the Declaration has been communicated to your doctor. The Declaration lets you name a Health Care Proxy to make decisions about your medical care - including decisions about life support - if you can no longer make your own decisions about healthcare. Your proxy can only make decisions for you if you become terminally ill or permanently unconscious.

Important: Because procedures at this facility are outpatient in nature, there may be limitations on how we can honor certain advance directives during your visit (for example, certain end-of-life instructions may not be applicable in this setting). A staff member will discuss any such limitations with you before your procedure begins.

In the event of transfer to another healthcare facility, a copy of this document will be provided to receiving facility.

PHYSICIAN FINANCIAL INTEREST DISCLOSURE

Some or all the physicians who perform procedures at the Center may have a financial interest or ownership stake in this facility. This is important information that you have a right to know.

Upon your request, we will provide you with a written list of all physicians who have a financial interest in this facility. You also have the right to choose to receive your care at a different facility if this is a concern for you, and we will support you in doing so without any negative impact on your care relationship.