

Patient Admission Packet



COASTAL
— TIDES —
SURGICAL CENTER

1002 N Arnold Road, Suite 401
Panama City Beach, FL 32417
Phone (448) 212-0701
Fax (448) 212-0715

Our Mission Statement

With caring hands and hearts, we honorably serve our community and maintain positive, collaborative relationships by providing compassionate, leading edge, patient-centered health care for all.

We pursue perfection in a trusting and learning environment, thus enhancing the quality of life of those we serve.

About Your Surgery

Welcome to the **Coastal Tides Surgical Center**. We take great pride in our mission to provide you with high quality, cost effective care. Prior to your procedure we will call you with important information on how to prepare for your surgery, what to expect once you arrive at the Surgical Center and how to plan for your care after surgery. Your physician will talk with you about the type of surgery you are having and the expected length for your recovery.

We are required by regulation to supply all patients, prior to their surgery, a copy of your Patient Rights, the Center's policy regarding Advanced Directives, and disclosure of physician ownership. You will be required to sign during your registration process that you have received these notices in advance and understand them. Please do not hesitate to contact us if you have any questions regarding any of this information.

Coastal Tides Surgical Center Contacts

Administrator:

Dan Stannard

DStannard@coastaltidessc.com

448-212-0701

Chief Financial Officer:

Steven Hartsfield

shartsfield@coastaltidessc.com

448-212-0705

Summary of the Florida Patient's Bill of Rights and Responsibilities

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may

request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has the right to bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment; whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

- A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility that served him or her and to the appropriate state licensing agency.
- A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
- A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

State of Florida – Department of Health

For answers to your questions or to file a complaint, etc. you can access the State of Florida Department of Health's website at the following address:

<http://www.floridahealth.gov/licensing-and-regulation/enforcement/>

Medicare Beneficiary Ombudsman

For answers to your questions regarding Medicare or to learn how to file an inquiry, complaint, grievance, or appeal across different areas of Medicare visit the following website:

www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html

Right To Change Healthcare Providers

If at any point you are uncomfortable with the healthcare providers assigned to your care, you have the right to request a change of provider. The request will be reviewed by our Medical Director and we will try to accommodate your request. Given the nature of outpatient surgery, this may result in a reschedule of your procedure based on the availability of alternate providers.

Grievances

We strive to provide the best level of care during your procedure at Coastal Tides Surgical Center. If you feel that we mishandled some aspect of your surgery, please contact one of our employees listed in the contacts section to file a complaint.

Advance Directives

You have the right to information regarding Advance Directives, this facility's policy on Advance Directives, and information regarding state regulations concerning Advance Directives. Information and sample forms are available at Coastal Tides Surgical Center and will be provided upon request.

Background Information Regarding Advance Directives

An Advance Directive is a written or oral statement about how you want medical decisions to be made should you not be able to make them yourself and/or your wishes regarding anatomical donation after death. Three types of advance directives are:

- A Living Will
- A Healthcare Surrogate Designation
- An Anatomical Donation

When a person becomes unable to make decisions due to a physical or mental change or condition, they are considered to be incapacitated. To make sure that an incapacitated person's decisions about health care will be respected, the Florida legislature enacted legislation pertaining to health care advance directives. These laws recognize the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death. For your reference, the following websites provide more information regarding advance directives:

<http://www.floridahealthfinder.gov/reports-guides/advance-directives.aspx>

Coastal Tides Surgical Center Policy Regarding Advance Directives

At Coastal Tides Surgical Center, we are committed to providing the highest level of service in order to assure the safety and satisfaction of every patient throughout all aspects of their care while at our facility. CTSC's policy, in the event of a medical emergency and /or unanticipated outcome, is to provide medically indicated treatment in an effort to stabilize the patient and to subsequently transfer them for further care. Accordingly, we will attempt to treat, and resuscitate if necessary, all of our patients in the event of an unanticipated occurrence or other medical complication.

Our decision to honor advance directives in this manner is based, in part, on Florida State law which addresses this issue. Chapter 765, Sections 765.101 to 765.547 (Healthcare Advance Directives) states in part that the provider or facility "...shall make reasonable efforts to transfer the patient to another health care provider or facility that will comply with the directive or treatment decision."

If a copy of your Advance Directive has been provided to Coastal Tides Surgical Center and acknowledged on forms you complete at check-in for your surgery, that document will be included in your patient record. In the event of a medical circumstance necessitating a transfer, that document will be sent along with other appropriate elements of your medical record.

If, after your questions and concerns have been addressed, you are uncomfortable with the above policy, you will be referred to your admitting physician for consultation regarding alternate arrangements pertaining to your scheduled procedure.

Disclosure of Ownership

Please be advised that the physicians listed below own an investment interest in the Coastal Tides Surgical Center. You are entitled to obtain the services for which you have been referred to the Coastal Tides Surgical Center from the provider or supplier of your choice, including Coastal Tides Surgical Center.

TBD

Directions to Our Facility

Our address is 1002 N Arnold Road Panama City Beach, FL 32413. There is a covered drop-off area at the front of the center and ample parking adjacent to the center.