



Privacy Notice

The following notice describes how your medical information may be used and disclosed, and how you can get access to this information. Please review the information carefully.

- Your confidential healthcare information may be released to other healthcare professionals within Vision Eye Surgery Center, LLC for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of Vision Eye Surgery Center, LLC receiving payment for providing you with needed healthcare services.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your confidential healthcare information may be released only after receiving a written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by Vision Eye Surgery Center, LLC to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- You may be contacted by Vision Eye Surgery Center, LLC for the purposes of raising funds to support the organization's operations.
- You have the right to restrict the use of your confidential healthcare information. However, Vision Eye Surgery Center, LLC may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- Vision Eye Surgery Center, LLC is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- Vision Eye Surgery Center, LLC will abide by the terms of this notice. The organization reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making those changes.
- You have the right to complain to Vision Eye Surgery Center, LLC if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to:

Complaints Against the ASC:

Healthcare Facility Regulation Division
Department of Community Health
Attn: Complaints Unit
2 Peachtree Street, N.W., Suite 31-447
Atlanta, GA 30303-3142
Ph: (404) 657-5726; (404) 657-5728

Complaints Against the Physician:

Georgia Composite Medical Board
Enforcement Unit
2 Peachtree Street, N.W., 36th Floor
Atlanta, GA 30303
Ph: (404) 657-6494; (404) 656-1725
Fax: (404) 463-6333

Online Form: <https://versa.medicalboard.georgia.gov/datamart/gadchComplaint.do?from+loginPage>

Mailed Form:

https://medicalboard.georgia.gov/sites/medicalboard.georgia.gov/files/related_files/site_page/CMPLNT_FRMv0613.pdf

Complaints Against the Nursing Staff:

Professional Licensing Boards Division
Georgia Board of Nursing
237 Coliseum Drive
Macon, GA 31217-3858
Ph: (478) 207-2440

<http://sos.ga.gov/plb/submitcomplaint.php>

Issues regarding Medicare:

<https://www.medicare.gov/medicarecomplaintform/home.aspx>

Ph: 1 (888) 454-5826; 1 (866) 552-4464

- All complaints will be investigated. No issue will be raised for filing a complaint with the organization.
- For further information about this Privacy Notice, please contact Administrator.
- This notice is effective as Date of Effectiveness. This date must not be earlier than the date on which the notice is printed or published.

Patient Rights

1. Patient has the right to personal privacy, care in a safe setting and free from all forms of abuse and harassment.
2. Patients are treated with respect, consideration and dignity.
3. Full consideration of patient privacy concerning consultation, examination, treatment and surgery.
4. To have considerate and respectful care, provided in a safe environment.
5. To become informed of his/her right as a patient in advance of, or when discontinuing, the provision of care. The patient may use an appointed representative.
6. Have a family member or representative of his/her choice be involved in his/her care.
7. Have all patient's rights apply to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
8. Remain free from seclusion or restraints of any form that are not medically necessary. Coordinate his/her care with physicians and healthcare providers they will see; patients have the right to change their provider if other qualified providers are available.
9. Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.

10. Patient will receive information about any proposed treatment as needed to give informed consent or to refuse treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment and the risks involved. If patient is adjudged incompetent by a jury of proper jurisdiction, the rights of the patient are exercised by the person designated by the patient or a legal authorized person.
11. Patients are given opportunity to participate in decisions involving their healthcare, except when such participation is contraindicated for medical reasons.
12. Be informed by physician or designee to the continuing healthcare requirements after discharge.
13. Confidential treatment of all communications, disclosures and records pertaining to patient care; patients will be given the opportunity to approve or refuse their release except when release is required by law.
14. Access information to his/her medical record within reasonable time frame.
15. May leave the facility even against medical advice.
16. Patients are informed about procedures for expressing suggestions, complaints and grievances including those required by state and federal regulations.
17. Examine and receive an explanation of the bill regardless of source of payment.
18. Exercise these rights without regard to race, sex, cultural, educational or religious background or source of payment for care.
19. Informed regarding: patient conduct and responsibilities, services available at the surgery center, provisions for after-hours and emergency care, fees for services, payment policies, right to refuse participation in experimental research, advance directives will not be accepted at the surgery center, charity and indigent care policy, charges for services not covered by third-party payors, and credentials of healthcare professionals.
20. Patients are provided information concerning their diagnosis, evaluation and prognosis.

All Facility Personnel Performing Patient Care Activities Shall Observe These Above Rights

Patient Responsibilities

The patient has the responsibility for:

- a. Providing complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- b. Making it known whether the planned surgical procedure/treatment risks, benefits and alternative treatments have been explained and understood.
- c. Following the treatment plan established by the physician, including instructions by nurses and other health care professionals, given by the physician.
- d. Providing a responsible adult to transport him/her from the surgery center and remain with him/her for 24 hours, if required by his/her provider.
- e. Refusal of treatment and/or not following directions.
- f. Assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
- g. Being respectful of all the health care providers and staff, as well as other patients.
- h. Following facility policies and procedures.
- i. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.

Patient Complaints

Patients have the right to register a complaint or voice a grievance regarding treatment or care that is furnished in writing to the Administrator.

Vision Eye Surgery Center, LLC
Attn: Administrator
4050 Riverside Drive, Suite 103B
Macon, GA 31210.

If the complaint is not resolved to the patient's satisfaction, he/she has a right to file a grievance with the Healthcare Facility Regulation Division, Department of Community Health, Complaints Unit for concerns against the surgery center, the Georgia Composite Medical Board concerning the physician or the Professional Licensing Boards Division, Georgia Board of Nursing with concerns against any of the nursing staff. The patient should either call any of the complaint units or send a written complain. The patient should provide the physician or surgery center name, address and the specific nature of the complaint.

Complaints Against the ASC:

Healthcare Facility Regulation Division
Department of Community Health
Attn: Complaints Unit
2 Peachtree Street, N.W., Suite 31-447
Atlanta, GA 30303-3142
Ph: (404) 657-5726; (404) 657-5728

Complaints Against the ASC:

Healthcare Facility Regulation Division
Department of Community Health
Attn: Complaints Unit
2 Peachtree Street, N.W., Suite 31-447
Atlanta, GA 30303-3142
Ph: (404) 657-5726; (404) 657-5728

Complaints Against the Physician:

Georgia Composite Medical Board
Enforcement Unit
2 Peachtree Street, N.W., 36th Floor
Atlanta, GA 30303
Ph: (404) 657-6494; (404) 656-1725
Fax: (404) 463-6333
Online Form: <https://versa.medicalboard.georgia.gov/datamart/gadchComplaint.do?from+loginPage>
Mailed Form:
https://medicalboard.georgia.gov/sites/medicalboard.georgia.gov/files/related_files/site_page/CMPLNT_FRMv0613.pdf

Complaints Against the Nursing Staff:

Professional Licensing Boards Division
Georgia Board of Nursing
237 Coliseum Drive
Macon, GA 31217-3858
Ph: (478) 207-2440
<http://sos.ga.gov/plb/submitcomplaint.php>

Issues regarding Medicare:

<https://www.medicare.gov/medicarecomplaintform/home.aspx>
Ph: 1 (888) 454-5826; 1 (866) 552-4464