



# Shoreline Vision

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The Center for Medicare and Medicaid Services (CMS) recently issued regulations requiring ambulatory surgery centers to inform you of the following: written notice of patient rights, ownership and advance directive policies.

## Notification of Ownership

The following physicians support the Mission and Values of Shoreline ASC, Incorporated. As a commitment to the quality of surgical care provided to our patients they have invested themselves both professionally and financially.

Timothy J. Barron, M.D.  
Mark S. Kinziger, M.D.  
John N. Oltean, D.O.

Kenneth A. Otto, M.D.  
Lee S. Webster, M.D.  
Nathan P. Reed, D.O.

## Advance Directive Policy Notification

In accordance with Federal and State law, this facility must inform you that in every instance of an emergency or a life-threatening situation, advanced cardiac life support procedures will be instituted and the patient will be transferred to a higher level of care. Any advanced directives will accompany the patient on transfer to the higher level of care. A healthcare power of attorney will be honored.

If a patient should provide his/her advanced directive, a copy will be placed in the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician.

At all times the patient or recognized legal representative will be able to obtain any information they need for informed consent before any treatment or procedure.

This facility does not sanction care based on whether or not the patient has an Advance Directive. We do comply with State statutes and court decisions regarding the patient's personal Advance Directive document. You may obtain additional information at:

State of Michigan Department of Community Health  
[www.michigan.gov/documents/mdch/mdch\\_AdvanceDirectivesPamphlet\\_196639\\_7.doc](http://www.michigan.gov/documents/mdch/mdch_AdvanceDirectivesPamphlet_196639_7.doc)

## Patient Rights Notification

**Each patient at the surgery center will be notified of their rights in the following manner:**

- A written notice provided in advance of the day of surgery in a language and manner the patient understands.
- A verbal notice provided in advance of the day of surgery in a language and manner the patient understands.
- A posted notice visible by patients and families waiting for treatment.

## Patient Guardian

**The patient's guardian, legal next of kin or legally authorized responsible person has the ability to exercise the rights delineated on the patient's behalf, to the extent permitted by law if the patient:**

- Has been adjudicated incompetent in accordance with the law;
- Has designated a legal representative to act on their behalf;
- Is a minor.



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## Patient Rights

1. Patient's have the right to medical and nursing services without discrimination based on age, race, color, religion, sex, sexual orientation, gender identity, marital status, national origin, handicap, disability or source of payment.
2. Patients will be treated with respect, consideration and dignity by competent personnel  
Patients who do not speak English or have other significant communication or disability issues (deafness) will have access to an interpreter or other auxiliary aide free of charge.
3. Patients have the right to know the person or persons responsible for coordinating their care. Upon request, they will be provided with the name of their attending practitioner, the names of all other practitioners directly participating in their care and the names and functions of the health care personnel having direct contact with them. Patients may request to change their provider if another qualified provider is available.
4. Patients have the right to an appropriate level of privacy, including privacy of any information or treatment concerning their medical care. They have the right to be informed of any persons, other, than routine personnel who might be observing or participating in their treatment.
5. Patient records and disclosures will be treated confidentially and all case discussion, consultation, examination or treatment will be considered confidential and conducted discreetly.
6. Upon request, the Center will provide the patient or the patient's designee access to the information contained in the patient's medical record, unless access is specifically restricted by the attending practitioner for medical reasons.
7. Patients have the right to have the records pertaining to their medical treatment, treated as confidential, except as otherwise provided by law or third party contractual agreements. When it is their right, patients will be given the opportunity to approve or refuse the release of their records
8. Patients are given an opportunity to participate in decisions involving their care. They have the right to full information, presented in layman's terms, concerning their diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information will be given to a responsible person designated by the patient or to a legally authorized person.
9. Patients have the right to receive, from their physician, enough information so that they may understand the procedure or treatment being received to give their informed consent. Except for emergencies, the practitioner will provide all such necessary information for consent prior to the start of the procedure or treatment.
10. Patients have the right to expect emergency procedures to be implemented without unnecessary delay. When an emergency occurs and the patient is transferred to another facility, a designated responsible person will be notified. The institution to which the patient is to be transferred will be notified prior to the patient's transfer.
11. Patients have the right to expect quality of care and service from the Center. They have the right to expect that sound management techniques will be implemented within the Center and that these techniques will make effective use of the time of the patient and avoid the personal discomfort of the patient.
12. Patients have the right to know in advance the expected amount of their bills.
13. Patients have the right to examine and receive an explanation of their bills, regardless of source of payments.
14. Patients have the right to be informed of their rights at the time of admission to the Center.
15. Patients have the right to know what Shoreline Vision Surgery Center rules and regulations apply to their conduct and responsibilities as a patient.
16. Patients have the right to be free from all forms of abuse and harassment.



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## Patient Rights (continued)

17. All marketing/advertising, regarding the Center, shall not be misleading in regard to the Center's competence and capabilities.
18. Upon request, a patient will be provided with a copy of the Center's malpractice insurance face sheet. If at any time the Center would not have malpractice coverage, Center operations will cease. All physicians practicing in the Center must have valid malpractice insurance coverage. The absence of malpractice insurance on the part of the practitioner will result in the immediate revocation of privileges.
19. Patients have the right to express concerns and grievances to the Shoreline Vision Surgery Center by contacting the nursing administrator, the Michigan Department of Community Health, the Office of Civil Right, or the Medicare Beneficiary Ombudsman. Please see the Feed Back section for contact information.
20. Patients have the right to be notified in the event of a breach of their Protected Health Information. Patient consent is required prior to use of their Protected Health Information for marketing purposes. Patients have the right to opt out of communication for fundraising purposes. Patients have a right to request a health plan not be informed of treatment paid for in full by the individual.

## Patient Responsibilities

1. It is the patient's responsibility to read and understand all permits and consent he or she signs. If the patient does not understand, it is the patient's responsibility to ask a nurse or practitioner for clarification.
2. It is the patient's responsibility to answer all medical questions truthfully and to the best of his or her knowledge and to provide accurate and complete information about his or her present complaint, past illness, hospitalizations, medications and other matters relating to his or her health.
3. The patient has the responsibility to report unexpected changes in his or her condition to the practitioner.
4. The patient is responsible for reporting whether he or she clearly comprehends a contemplated course of action and what is expected of him or her.
5. The patient is responsible for his or her actions if he or she refuses treatment.
6. It is the patient's responsibility to provide transportation, as directed, to and from the Shoreline Vision Surgery Center. Selected modes of transportation will be appropriate to the medications and/or anesthetics the patient will be receiving.
7. It is the patient's responsibility to arrange for a responsible adult to be with them for the first 24 hours of the post-operative period, if directed to do so by their physician.
8. It is the patient's responsibility to read carefully and to follow all post-operative instructions received from his or her attending physician and nurses, including information regarding post-operative follow-up appointments.
9. It is the patient's responsibility to contact his or her physician directly if he or she experiences any complications following surgery.
10. Patients are responsible for following Center rules and regulations relating to patient care and conduct.
11. Patients are responsible for being considerate of the rights of other patients, visitors and Center personnel and for assisting in control of noise, unauthorized smoking and the number of visitors.
12. Patients are responsible for being respectful of the property of the Center and other persons.
13. It is the patient's responsibility to ensure that all payments for services rendered by Shoreline Vision Surgery Center are made in a timely basis and to the understanding that ultimate financial responsibility for services rendered by the Center are his or hers, regardless of the type of insurance coverage he or she may have.
14. When the patient is a child, adolescent or ward, the parent(s) or legal guardian will assume all of the above right and responsibilities on behalf of the patient.



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15. It is the patient's responsibility to notify any of the following if he or she feels that any rights have been violated or if the patient has a significant complaint or a suggestion for the improvement of services or quality of care. This can be accomplished by completing the patient satisfaction survey or by contacting the nursing administrator, AAAHC, the Michigan Department of Community Health, the Office of Civil Rights, or the Medicare Beneficiary Ombudsman. Please see the Feed Back section for contact information.
16. It is the patient's responsibility to inform his/her provider about any living will, medical power of attorney, advance directive or other directive that could affect his/her care.
17. It is the patient's responsibility to report to the health care provider any dietary supplements, vitamins, over-the-counter products and any allergies or sensitivities.

## Feed Back Policy

Our goal is to provide the best surgical experience possible while in our facility. Patients, clients, families or visitors have the right to express complaints or concerns about any aspect of their care or experience with the Shoreline Vision Surgery Center. Please be assured that expressing a complaint or concern will not compromise your care.

**If you should have a compliment, concern, or complaint, please direct them to any Shoreline Vision ASC, Inc. staff member or the Nurse Administrator.**

**You may also mail your comments to:**

Shoreline ASC, Inc.  
Nurse Administrator  
1298 E. Sherman Blvd  
Muskegon, MI 49444 Telephone: 231-737-4714

**If this venue does not provide you with an acceptable resolution, any complaints may be submitted to any of the following organizations:**

1. Michigan Department of Community Health  
Bureau of Health Systems, Complaint Investigations Unit  
P.O. Box 30664  
Lansing, MI 48909 Telephone: 800-882-6006
2. U.S. Department of Health and Human Service  
Office of Civil Rights  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201 Telephone: 800-368-1019 or 800-537-7697
3. Medicare Beneficiary Ombudsman  
CMS  
7500 Security Blvd.  
Baltimore, MD 21244 Telephone: 800-633-4227  
[www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html](http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html)
4. Accreditation Association for Ambulatory Health Care, Incorporated (AAAHC)  
5250 Old Orchard Road, Suite 200  
Skokie, Illinois 60077 Telephone: 847-853-6060  
[www.aaahc.org](http://www.aaahc.org)



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## HIPAA Policy Notification

- The Facility has established a compliance policy to ensure compliance with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Regulations") promulgated under the Health Insurance Portability and Accounting Act of 1996 ("HIPAA").
- This compliance policy is not intended to be a comprehensive explanation of the Privacy Regulations, nor will it provide answers to every possible issue that may arise under the Privacy Regulations. Rather, it is intended to provide guidelines with respect to the steps that the Facility must take in order to achieve compliance with the Privacy Regulations and to sensitize the Facility to potential problems that may arise under the Privacy Regulations. The Facility expects full compliance with the guidelines set forth in this policy statement, and encourages the Facility to seek any further necessary information or clarification prior to engaging in any potentially sensitive actions or activities. See HIPAA Notebook for complete HIPAA policies and forms.
- This compliance policy is divided into two main sections: (1) an overview of the Privacy Regulations; and (2) specific compliance guidelines. This policy requires the Facility to:
  - Appoint a Privacy/Security Official;
  - Inform Patients of the Facility's Privacy Policies and Procedures by disseminating handouts and posting a disclosure notice;
  - Use a Business Associates agreement;
  - Clarify discipline for employees and vendors who violate the Privacy Rules and Privacy Policies and Procedures;
  - Update the Privacy Policies and Procedures as needed;
  - Hold all-employee educational meetings;
  - Discuss adoption of the Privacy Policies and Procedures at a Board Meeting; and
  - Develop safe guards to protect and de-identify Protected Health Information (as defined in the regulations).



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## Patient Acknowledgement

I acknowledge that I have been given both verbal and written notice of the following policies related to my surgical care at Shoreline ASC, Incorporated.

- ❖ Notification of Ownership
- ❖ Advance Directive Notification
- ❖ Patient Rights and Responsibilities Policy
- ❖ Feed Back Policy for Concerns and Grievance
- ❖ HIPAA Policy Notification
- ❖ HIPAA Notice of Privacy Practices

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Print Legal Guardian Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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## **Welcome**

You have been scheduled for outpatient surgery with the Shoreline Vision Surgical Center by your eye care provider. Please take a few minutes to review the enclosed documents included in this packet to familiarize yourself with our facility and your rights as a patient.

You may expect to receive a telephone call from our nursing staff prior to your surgery to collect information about your health status.

Please be assured that our staff is trained and skilled to help you and every effort will be made to make your surgical visit with us as comfortable as possible. If we may answer any questions please call our surgery scheduling department at 231-737-4750.

**Thank you** for trusting Shoreline Vision with your eye health and surgery needs.