



www.Children1stDental.com
(855) 422-0224

NOTICE OF PATIENT RIGHTS & RESPONSIBILITIES

We strive to provide each patient the highest quality of care and hope your stay with us is as pleasant as possible. Each patient shall have a RIGHT to:

- Respect, consideration and dignity. appropriate privacy. Patient conduct and responsibilities;
- Freedom of discrimination on the basis of race, religion, handicap, sex, age or ethnicity.
- Be treated with confidentiality and, except when authorized by law, patients shall be given the opportunity to approve or refuse the release of disclosures and records.
- Safe, efficient, cost-effective treatment.
- Appropriate information concerning their diagnosis, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information shall be provided to a person designated by the patient or to a legally authorized person.
- Be given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Change primary or specialty physicians if other qualified physicians are available.
- Have an advanced directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the facility will honor the intent of that directive to the extent permitted by law and facility policy.
- Information shall be available to patients and staff concerning: Provisions for after-hours and emergency care;
- Patient rights; Methods for expressing complaints and suggestions to the ASC.
- Services available at the ASC; Payment policies; Fees for services; Patients' rights to refuse to participate in experimental research;
- Disclosure regarding physician financial interest or ownership in the Surgery Center; and,

If you have a complaint with Children 1st Dental & Surgery Center please feel free to speak with the Administrator or Clinical Director of the facility or you may send your complaint in writing to:

Children 1st Dental & Surgery Center
Attention: Administrator
2690 N. Galloway
Mesquite, Texas 75150

You may also call the facility to voice a complaint at 855-422-0224. If we cannot solve your complaint satisfactorily please also be aware that the Texas Department of Health is the responsible agency for ambulatory surgical centers complaint investigations. The Texas Department of Health can be reached at the following address:

Texas Department of Health,
Health Facility Licensing and Compliance Division
1100 West 49th Street
Austin, Texas 78756
Telephone (888) 973-0022

Medicare Ombudsman contact: 1-800-MEDICARE;
www.cms.hhs.gov/center/ombudsman.asp

Complaints may be registered with the department by phone or in writing. A complainant may provide his/her name, address, and phone number to the department. Anonymous complaints may be registered. All complaints are confidential. The Surgery Center may use or disclose information about you to bill or receive payment for medical treatment or services and/or supplies provided to you to which you consent to by your signature below. These disclosures include, but are not limited to, releasing information:

1. to your health plan to obtain prior approval or to determine whether your plan will cover the treatment or services; and
2. to individuals or entities involved in collecting amounts owed to us.

PATIENT RESPONSIBILITIES

Each patient shall have the RESPONSIBILITY to:

- conduct themselves in a quiet and orderly manner. Assure that the financial obligation of his/her care is fulfilled as promptly as possible.
- follow/participate in the treatment plan he/she develops with his/her health care provider. Be considerate of the rights of other patients.
- follow the organization's rules and regulations affecting patient care and conduct.
- respect the property of other patients and the health care organization.
- make it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/ her.

PATIENT COPY