

**REQUIRED BY CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

**THE PATIENT HAS THE RIGHT TO:**

- Be treated with respect, consideration and dignity.
- Be provided with appropriate privacy.
- Within the law, personal and informational privacy.
- Know the person or persons responsible for coordinating his/her care and credentials.
- The degree known, complete information concerning their diagnosis, treatment and prognosis. When it is medically inadvisable to give such information to the patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Make informed decisions regarding his or her care.
- Receive from his/her physician enough information so that he/she may understand the procedure/treatment being received in order to sign the informed surgical consent.
- Refuse treatment and to be informed of the consequences of his/her actions.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person, except when such participation is contraindicated for medical reasons.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Expect quality of care and service from the facility.
- Be informed of the mechanism by which he/she will have continuing health care following discharge from CMMP Surgical Center.
- Examine and receive an explanation of his/her bill regardless of the source of payment.
- Know in advance the expected estimated amount of his/her bill. Patients have the right to know what rules and regulations apply to his/her conduct while a patient in our facility.
- Express grievances/complaints and suggestions at any time.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- To change providers if other qualified providers are available.
- Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care and related fees for services rendered.

- Expect reasonable safety insofar as the surgery center practices and environment are concerned.
- Provide patient access to and/or copies of his/her medical records. The facility may charge for such copies.
- Be informed as to the facility's policy regarding advance directives/living wills.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Be provided with information related to the facility in a language and manner understood by the patient. The facility does have outside contractors that provide interpretation services for individuals that may not speak and/or understand English, or that may have hearing and/or sight impairment(s).
- Exercise his or her rights without being subjected to discrimination or reprisal.

If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State laws may exercise the patient's rights to the extent allowed by state law.

**THE PATIENT IS RESPONSIBLE:**

- To provide accurate and complete information about present complaints, past illnesses, hospitalization, medications and other matters relating to their health.
- For following the treatment plan recommended by the physician responsible for their care.
- For consequences of his/her actions if treatment is refused or the physician's instructions are not followed.
- For assuring that financial obligations are fulfilled as quickly as possible.
- For following surgery center rules and regulations affecting patient care and conduct.
- **You must have a responsible adult accompany you and drive you home. This does not mean you can take the OATS bus or a taxi alone. You may take the OATS bus or a taxi ONLY if you have a responsible adult with you. We recommend the responsible adult remains with you for 12-24 hours following surgery.**
- Being considerate of the rights of other patients and their property and the surgery center personnel.
- For assisting in the control of noise and the number of visitors at his/her bedside.

**REQUIRED BY CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Identifying any patient safety concerns.

**ADVANCE DIRECTIVE NOTIFICATION**

In the State of Missouri, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf. CMMP Surgical Center respects and upholds those rights. It is the policy of CMMP Surgical Center that during a patient's episode of care at the center, that if an adverse event occurs during the patient's stay, the center will honor the patient's Advance directive, so long as the patient has provided a copy of their Advance Directive to the facility and it is on the medical record for reference. The Center will ensure that patients are fully informed of this policy prior to receiving care. We will provide patients with information on applicable State health and safety laws relative to advance directives and/or living wills upon request. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery. If you do not agree with this facility's policy and wish to reschedule your procedure at another facility, your surgeon will be informed so he/she can make the appropriate referral.

Under Missouri law, a living will is a document that allows an individual to express wishes for medical care if the individual is unable to speak for themselves. A living will is a limited document: It only applies when death is imminent and it cannot be used to withhold artificially supplied nutrition or hydration. It also may not be customized: all living wills in Missouri must use language ordered by statute. The Missouri State Attorney General's Office recommends consumers complete an "Advance Directive". Additional information and forms can also be found on the following at:

**PATIENT COMPLAINT OR GRIEVANCE**

To report a complaint or grievance you can contact the Facility Administrator by phone at 573-635-7022 or by mail at: CMMP Surgical Center,  
1705 Christy Drive, Suite 100  
Jefferson City, MO 65101,  
Angela Erosenko, Facility Administrator

Missouri Department of Health and Senior Services  
PO box 570, Jefferson City, MO 65102  
Phone 573-751-1588

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at:  
[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)

Phone 1-800-MEDICARE (633-4227); TTY 1-877-486-2048

**PHYSICIAN OWNERSHIP IN CMMP SURGICAL CENTER**

Dr. Carl Doerhoff  
1705 Christy Drive, Ste. 215, Jefferson City, MO 65101  
Dr. Doerhoff NPI# 1003800244

Dr. Timothy Galbraith, Orthopedics  
3308 W. Edgewood, Jefferson City, MO 65109  
NPI # 1861597304

Dr. Terrence Klamet, Podiatry  
1705 Christy Drive, Ste. 209, Jefferson City, MO 65101  
NPI # 1659361442

Dr. Matthew Lewis, Dr. James Luetkemeyer,  
Dr. Bradley Talley, & Dr. Andrew Weiss, Ophthalmology  
1705 Christy Drive, Ste. 101, Jefferson City, MO 65101  
Dr. Lewis NPI # 1205987831  
Dr. Luetkemeyer NPI # 1871643494  
Dr. Talley NPI # 1548471618  
Dr. Weiss NPI # 1821057449

<https://livingwillforms.org/mo/missouri-living-will-form-advance-directive/>

## **REQUIRED BY CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

### **Notice of Privacy**

**Our obligations:** We are required by law to; Maintain the privacy of protected health information, Give you this notice of our legal duties and privacy practices regarding health information about you and follow the terms of our notice that is currently in effect.

**How we may use & disclose health information:** The following describes the way(s) we may use and disclose health information that identifies you ("health information"). Except for the purposes described below, we will use and disclose health information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

**Treatment:** We may use and disclose your health information to provide you with medical treatment or services and use it to determine the most appropriate course of care. We may also disclose the information to others who are involved in your medical care and need the information to provide you with medical care.

**Payment:** We may use and disclose your health information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received.

**Health care operations:** We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it.

**Special Uses:** We may use your information to contact you with appointment reminders, or share your information with those involved in your medical care. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. **Special Situations:** We may disclose identifiable health information about you for other reasons as permitted and required;

**Required by Law:** We will disclose health information when required by international, federal, state or local law. **Public health activities & risks:** As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, child abuse or neglect, domestic violence, reaction to medication, and similar information to public health authorities.

**Deaths:** We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies. **Health oversight:** We may be required to disclose information to a health oversight agency for activities authorized by law. Including but not limited to, audits, investigations, inspections and licensure. These activities are necessary for the

government to monitor health care systems, government programs and compliance with civil rights laws.

**Law enforcement:** We may disclose health information if asked by law enforcement if the information is: (1) in response to a subpoena or court order; (2) limited information to identify or locate a suspect, fugitive or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's permission; (4) about a death we believe we may be the result of criminal conduct; (5) about criminal conduct on our premises; (6) in an emergency to report a crime, the location of the crime or victims, or the identity and/or location of the person who committed the crime. **Serious threat to health or safety:** We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. **Military and special government functions:** If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose health information to the foreign military authority if you are a member of a foreign military. **Research:** We may use or disclose information for approved medical research.

**Workers compensation:** We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness. **Business Associates:** We may disclose health information to our business associates that perform functions on our behalf or provide services if the information is necessary for such services. All business associates are obligated to protect the privacy of your health information. **Data breach notification purposes:** We may use or disclose health information to provide legally required notices of unauthorized access to or disclosure of your health information. **Lawsuits and disputes:** We may disclose health information in response to a court or administrative order, in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. **National Security & Intelligence:** We may disclose health information to authorized federal officials for intelligence, counter-intelligence and national security, as authorized by law.

**Protective Services for the President & Others:** We may disclose health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information to the

## **REQUIRED BY CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect the health & safety you and others; (3) the safety & security of the correctional institution. **Uses & disclosures that require us to give you an opportunity to object:** Individuals involved in your care: Unless you object, we may disclose to a member of your family, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine it is in your best interest based on our professional judgement. **Disaster Relief:** We may disclose your protected health information to disaster relief organizations that seek such information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you an opportunity to agree or object to the disclosure whenever we practically can do so. **Written authorization required for other uses & disclosures:** (1) Uses & disclosures of protected health information for marketing purposes; (2) disclosures that constitute a sale of your protected health information; (3) other uses & disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose protected health information under the authorization. Any disclosures made in reliance on your authorization prior to revocation will not be affected.

**Your Rights:** **Right to inspect & copy:** In most cases you have the right to inspect and request a copy of your health information. This includes medical & billing records, other than psychotherapy notes. There may be a small fee for copies. To inspect & copy, you must submit a written request to the Privacy Officer. We have up to 30 days to make your protected health information available. **Right to an Electronic Copy of Electronic Medical Record:** At present we do not have an electronic medical record in operation in our Facility. Should we in the future, you have the right to request a copy of the electronic medical record or request it be submitted to another individual or entity. We will make every effort to provide access to your record in the form or format you request, if it is readily producible. If it is not readily producible it will be provided in either a standard format or a hardcopy format. We may charge you a reasonable, cost based fee for this service.

**Amend Information:** If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You must submit the request in writing to the Privacy Officer. **Accounting of Disclosures:** You may request a list of certain disclosures we made of health information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must submit a written request to our Privacy Officer. **Right to Request Restrictions:** You have the right to request a restriction or limitation on health information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care. To request a restriction, you must submit the request in writing to our Privacy Officer. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out of pocket" in full. If we agree, we will comply with your request unless the information is needed for emergency treatment. **Out of Pocket Payments:** If you have paid out of pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations and we will honor that request. **Right to request Confidential Communications:** You have a right to request that communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request in writing to the Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests. **Right to a paper copy of this Notice:** You have the right to a paper copy of this Notice. You may request a copy of this Notice at any time.

### Changes in Privacy Practices

We reserve the right to change this Notice at any time and make the new Notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current Notice in the waiting area. The new Notice will reflect the effective date.

**Effective Date:** The effective date of this Notice is April 14, 2003; **Revised March 19, 2021.**