



## Outpatient Information

At Optim Healthcare, we consider you a partner in your hospital care. We encourage respect for the personal preference and values of each individual; and hereby adopt the Bill of Rights and Responsibilities

### Your Rights

1. Be treated with respect and kindness.
2. Appropriate and safe treatment for your health condition no matter what race, age, creed, gender, national origin, or source of payment for your care.
3. Be told about your medical condition, treatment and outlook in terms that you can understand, in order to make an informed decision.
4. Make choices about your own care, including the right to request care.
5. Say no to care as allowed by law including refusal to participate in research.
6. Have your family, you caregiver or your personal physician notified of your admission to the hospital.
7. Make an Advance Directive including a Living Will and/or Power of Attorney for Healthcare. They will ask you about this when you are admitted. You also have the right for your caregivers to follow your Advance Directive.
8. Privacy of your medical records and details about your care.
9. Look at your medical records.
10. Personal privacy.
11. Safety while in the surgery center and facts about the use of safety items.
13. Be free from all forms of abuse.
14. Know that the surgery center will give you the best care it can. You may be asked to move to another hospital or place of treatment. If so, you will be told your choices and what could happen with those choices.
15. Be told about how to continue you care upon your discharge from the surgery center.
16. Be told of the surgery center's rules, including changing providers if needed.
17. Receive a copy of your bill as permitted by law.
18. Be told how and to whom you may voice a complaint. At Optim Healthcare, call the Compliance Officer Hotline at 877.233.0377 or the Department of Community Health, Healthcare Facility Regulation Division (HFRD), at 800.878.6442 or 404.657.5726 and by mail at 2 Peachtree Street, Atlanta, GA 30303, or notify the Office of the Medicare Beneficiary Ombudsman at [www.Medicare.gov/Ombudsman/resources.asp](http://www.Medicare.gov/Ombudsman/resources.asp). 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
19. Appropriate assessment and treatment of pain.
20. Emotional and physical care that supports families and children. This includes care that supports the need of children to grow, play and learn.

### Your Responsibilities

1. Letting the surgery center know about any medicines you are taking at home, your medical history and your present medical problems.
2. Giving the surgery center a copy of your Advance Directive, if you have one.
3. Asking questions when you or your family do not understand what you have been told about your medical condition, your treatment, or what you should do to take care of yourself.
4. Knowing and following the surgery center rules and provide responsible adult to drive you home and stay with you for 24 hours if required.
5. Participating in all decisions about your treatment. You are the center of the health care team.
6. Following instructions, including your plan of care as developed by you and your health care team. Your plan of care includes the effect of lifestyle on your health. You are also responsible for accepting the consequences of not getting treatment or not following the instructions of your caregivers.
7. Educating yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.
8. Asking a trusted family member or friend to be your advocate.
9. Showing respect toward other patients and the surgery center staff. This includes treating surgery center belongings with respect.
10. Paying your surgery center bill. This includes giving the hospital correct information about your insurance or the way you will pay your bill\*
11. Letting the surgery center know of any suggestions you may have for improving the quality of care rendered to our patients.

\*You may also receive a separate bill from the surgeon, anesthesiologist, lab and/or radiologist.

*These rights and responsibilities can and should be exercised on the patient's behalf by the patient, guardian, designated surrogate or proxy decision-maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor.*

### Optim Surgery Center

210 E. DeRenne Avenue • Savannah, GA 31405  
912.644.5272 • [optimhealth.com](http://optimhealth.com)

## Disclosure of Financial Relationship

We believe that you are entitled to make informed decisions regarding your medical care. To assist you in making an informed decision, we hereby notify you that Optim Healthcare meets the federal definition of a physician-owned hospital, pursuant to 42.C.F.R 439.20(u).

### Alternative sources of the services for which you have been referred to this entity are as follows:

East Georgia Regional Medical Center  
1499 Fair Road  
Statesboro, GA 30458

Memorial Health University Medical Center  
4700 Waters Avenue  
Savannah, GA 31405

St. Joseph's/Candler Hospital System  
5353 Reynolds Street  
Savannah, GA 31405

## Physician Ownership Disclosure

Don G. Aaron, MD	Donald K. McCartney, MD
John P. George, MD	Christopher W. Nicholson, MD
Joseph C. Hegarty, MD	David N. Palmer, MD
Bradley A. Heiges, MD	Andrew Pandya, MD
John T. Hodges, MD	George Sutherland, MD
Charles A. Hope, II, MD	Benjamin D. Sutker, MD
Juha Jaakkola, MD	Edward J. Whelan, III, MD
Mark Kamaleson, MD	James W. Wilson, Jr., MD
William E. Kropp, MD	Kent E. Woo, MD

## Our Mission

To provide our patients with the highest quality care in surgical, hospital, clinical, diagnostic and therapeutic services with convenience, cooperation, efficiency and cost effectiveness in a comfortable and pleasant environment.

## Goals and Objectives

- To provide state-of-the-art care by maintaining quality standards at affordable costs.
- To render a wide range of patient services that benefit surrounding communities.
- To select qualified individuals of high caliber that will continuously strive toward professional excellence.
- To maintain high standards of quality patient care.
- To ensure integrity, corporate responsibility and ethical behavior in all we do.
- To provide physical and emotional support to patients and their families.

## Advance Directive Forms

### Where can I get forms for Advance Directive?

You can obtain Living Will and Durable Power of Attorney for Health Care forms by writing to the Medical Association of Georgia, the State Bar Association, the Georgia Hospital Association or your local hospital. If you plan to sign the document while receiving treatment at the hospital, you, or your family members will be responsible for assuring witnesses, other than hospital personnel, to be present when you sign the documents, as required by law.

Georgia Hospital Association  
1675 Terrell Mill Road  
Marietta, GA 30367  
404.955.0324

State Bar of Georgia  
50 Hurt Plaza, Suite 800  
Atlanta, GA 30303  
404.527.8700

Medical Association of Georgia  
938 Peachtree Street  
Atlanta, GA 30309  
404.876.7535

It is our policy, regardless of the contents of any Advance Directive that if an adverse event occurs during your treatment at this surgery department, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney.

*Services provided are Orthopedic and Pain Management procedures.*



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