

DISCLOSURE OF FINANCIAL INTEREST

Louisiana law (LSA-R.S. 37:1744; LAC 46:XLV.4211-4215) and federal Medicare regulations require physicians and other health care providers to make certain disclosures to Patients when they refer a patient to a facility in which the physician has a significant financial interest. Your physician may have a financial and ownership interest at this Center. Lawrence Messina, MD, Joe A. Morgan, MD, Michael Frierson, MD, David Pope, MD, Joseph Broyles, MD, Gerard Murtagh, MD, Kevin P. McCarthy, MD, Alan Schroeder, MD, Charles S. Walker, III, MD. (“Physicians”) is an investor and percentage owner in the Center (Orthopedic Surgery Center, L.L.C.) to which you (or the patient for whom you are the legal representative) are being referred for an orthopedic, podiatry or pain management outpatient procedure. The Center’s address is 7301 Hennessy Boulevard, Suite 100, Baton Rouge, Louisiana, 70808. Please be aware you are not required to utilize the Center for these services. Patients have the right to be treated at another health care facility of their choice. If you would like to utilize the services of an alternate health care facility, please contact your physician immediately at the physician’s office located at 7301 Hennessy Boulevard, Suite 200, Baton Rouge, Louisiana, 70808, or by telephone at 225-766-0050.

ACKNOWLEDGEMENT OF RECEIPT

By signing below, you or your legal representative, acknowledge you have received, read and understand this information (verbally and in writing) in advance of the date of your procedure at the Center and have decided to have your procedure performed at this Center.

Signature of Patient (Or the Patient’s Legal Representative)

Date



PATIENT’S BILL OF RIGHTS

The Orthopedic Surgery Center, L.L.C. (the “Center”) respects its responsibilities regarding our relationship with you, the Patient. Every Patient has the right to be treated as an individual with his rights respected and his confidentiality protected. The Center wants to assure you the rights of its Patients are respected without regard to sex, culture, economic status, education, handicap, race, color, age or religious background.

Patient Rights:

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability or source of payment.
- To receive consideration and respectful care from competent personnel in a clean and safe environment. To be free from mental, physical, sexual and verbal abuse, neglect, and exploitation and free from use of unnecessary restraints.
- To receive all the information the Patient needs to give informed consent for any procedure, including the possible risks and benefits of the procedure.
- To receive complete information regarding diagnosis, planned treatment and prognosis, as well as alternative treatments/procedures and the possible risks/side effects associated with treatment. If medically inadvisable to disclose to the patient such information, the information is given to a person designated by the patient or to a legally authorized individual.
- To participate in all decisions involving health care, except when such participation is contra-indicated for medical reasons.
- To refuse treatment in accordance with laws and regulations and to be told what affects this may have on their health.
- To assure safe use of equipment by trained personnel.
- To be provided privacy, confidentiality and integrity of all information and records regarding their care.

- To be provided privacy, safety and security of self and belongings during the delivery of patient care service.
- To have the right to access information contained in their medical record. To approve or refuse the release of their medical records except when it is required by law and to ask for an accounting of such.
- To be aware of fees for service and the billing process.
- The right to be informed of any research or experimental projects and to refuse participation without compromise to the Patient's usual care.
- The right to continuity of health care. The physician may not discontinue treatment of a Patient as long as further treatment is medically indicated, without giving the Patient sufficient opportunity to make alternative arrangements.
- To be informed if the Center has authorized other healthcare and educational institutions to participate in the Patient's treatment. The Patient also shall have a right to know the identity and functions of these institutions and to refuse to allow their participation in the Patient's treatment.

Patient Responsibilities:

- To provide an accurate medical history to the Center including present complaints, past illnesses, hospitalizations, surgeries, existence of advance directives, medication and other pertinent data.
- For asking questions when the Patient does not understand something regarding their care or treatment.
- For insuring the financial obligations for any medical care provided by the Center are paid in a timely manner, either by you or your insurance provider.
- For their actions if they should refuse a treatment or procedure, or if they do not follow or understand the instructions given by the physician or Center employee.
- For keeping their procedure appointment. If the Patient anticipates a delay or must cancel, the Patient should promptly notify the Center prior to the scheduled appointment time.
- For the disposition of their valuables, as the Center does not assume this responsibility.

ADVANCE DIRECTIVES

You have the right to information on the Center's policy regarding Advance Directives. Advance Directives will not be honored within the Center. In the event of a life-threatening event, emergency medical procedures will be implemented by the Center's physicians and medical staff. Patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency or life-sustaining measures can be made by the Patient's family. If the Patient or Patient's representative would prefer an Advance Directive to be honored, the Patient will be referred to another facility for treatment. Please indicate by checking the box below whether you have executed an Advance Directive and if you have, please provide a copy to the Center for your medical file.

I have executed an Advance Directive (Please check box if you have an executed document)

GRIEVANCE PROCEDURE

You have the right to have your verbal or written grievances investigated by the Center and receive a written notice of the Center's response. The Center values your comments and will use them to improve the quality of services provided to all patients. The Center will not use any concern or reprisal against you for taking action to solve a problem or voice a concern. If you have any comment or complaint regarding the care you have received by this Center or a physician or employee of the Center, please voice your concern by letter or telephone call to:

Mark Levert, Administrator, Bone and Joint Clinic of Baton Rouge
Or Management Department, Orthopedic Surgery Center
Telephone: Bone and Joint Clinic – 225-766-0050
Orthopedic Surgery Center – 225-763-6100

Orthopedic Surgery Center, L.L.C.
7301 Hennessy Blvd., Suite 100, Baton Rouge, LA 70808