

GREAT LAKES BAY  
**Surgery &  
Endoscopy Center**

A stylized black outline map of the Great Lakes region, showing the outlines of Lake Superior, Lake Michigan, Lake Huron, Lake Erie, and Lake Ontario, positioned to the right of the main title.

**PATIENT'S RIGHTS  
AND RESPONSIBILITIES**



4228 Bay City Rd.  
Midland, MI. 48642  
Phone: (989) 495-9100  
[www.glbsurgery.com](http://www.glbsurgery.com)



# GREAT LAKES BAY Surgery & Endoscopy Center



Great Lakes Bay Surgery & Endoscopy Center is a state of the art free standing surgery center located at 4228 Bay City Road, Midland, Michigan 48642.

We are accredited by The Joint Commission and licensed by the State of Michigan.

Below, you will find our Patient's Bill of Rights and Responsibilities, Grievance Procedure, Advance Directives, Privacy Practices and Facility Ownership.

If you have any questions or concerns regarding your scheduled procedure please call 989-495-9100.

## **Great Lakes Bay Surgery and Endoscopy Center** is owned by the following:

- MidMichigan Medical Center – Midland
- Todd Holtz, MD
- Ernest Ofori-Darko, MD
- Christina Murphy, DO
- Ben Mayne III, MD
- David Bortel, MD
- Blake Bergeon, MD
- John Szajenko, MD
- Curtis Young, MD
- Karen Huang, DO

## Patient's Right and Responsibilities

### **Patient's Rights:**

1. Every patient has the right to considerate, respectful care given by competent personnel at all times and under all circumstances with recognition of personal dignity.
2. A patient has the right, upon request, to be given the name of their attending practitioners, the names of all other practitioners directly participating in their care, and the names and functions of other health care persons having direct contact with the patient.
3. A patient has the right to consideration of privacy concerning their medical care program. Case discussion, consultation, examination, treatment, and medical records are considered confidential and shall be handled discreetly.
4. A patient has the right to confidential disclosures and access to their medical records except as otherwise required by law or third party contractual arrangement.
5. A patient has the right to participate in decision involving their health care except when such participation is contraindicated for medical reasons.
6. A patient has the right to know what Center rules and regulations apply to their conduct as a patient.
7. A patient has the right to expect emergency procedures to be implemented without unnecessary delay.
8. A patient has the right to good quality care and high professional standards that are continually maintained and reviewed.

9. A patient has the right to full information, in layman's terms, concerning diagnosis, evaluation, 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 shall be given to the patient's legally designated person.
10. Except for emergencies, the practitioner shall obtain the necessary informed consent from the patient, their legal guardian or power of attorney prior to the initiation of a procedure.
11. The patient has the right to receive relief from pain, appropriate pain prevention, and pain management.
12. A patient has the right to refuse drugs or treatment to the extent permitted by status. A practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.
13. A patient has the right to medical and nursing services without discrimination based upon age, gender, race, color, religion, sexual orientation, national origin, handicap, disability or source of payment.
14. A patient who does not speak English or has hearing or sight limitations shall have access to interpreter services or visual and auditory aids.
15. The Center shall provide the patient, or patient designees, upon request, access to the information contained in their medical record.
16. A patient has the right to expect their time is recognized as valuable, to have explanations provided in the event of delays, and to be kept as comfortable as possible.

17. When an emergency occurs and a patient is transferred to a hospital, the responsible person shall be notified.
18. A patient has the right to expect that the Center will provide information for continuing health care requirements and the means for meeting those following discharge.
19. A patient will be informed of their right to change primary or specialty physician if another qualified physician is available.
20. The patient has the right to be informed of fees for services, payment policies, and know if the center accepts their health insurance.
21. A patient has the right to be informed of their rights at the time of admission.
22. A patient has the right to review the credentials of the Professionals providing their care.
23. The patient is informed that Great Lakes Bay Surgery & Endoscopy Center is physician and hospital owned and they have the freedom of choice in selection of facility or physician.

### **Patient's Responsibilities:**

1. The patient will keep their appointment or call the Center when they cannot keep a scheduled appointment.
2. The patient will provide complete and accurate information to the best of his/her ability about his/her health including past illnesses, hospitalizations, any medications, including over the counter products and dietary supplements, and any allergies or sensitivities.

3. The patient will follow the pre-procedure and post-operative treatment plan prescribed by his/her provider. They will ask questions to clarify their understanding.
4. The patient will provide a responsible adult to transport him/her from the facility and remain with him/her for 24 hours, if required by his/her provider.
5. Patients have the responsibility for arranging the necessary care or support at home after their treatment at the Center.
6. Patients have the responsibility to report changes in their condition and status to the organization and their physician in a timely manner both before and after the care received at the Center.
7. The patient has a right to have an Advance Directive. (See policy for Advance Directives). The patient will have to sign a consent form prior to their procedure regarding their understanding of this.
8. The patient will provide information necessary to process their bill with the insurance carrier, to obtain any necessary referrals from their primary care physician, to accept personal financial responsibility for any charges not covered by his/her insurance, and to be prompt about payment of their Center bills. A patient may ask any question they might have concerning their bills.
9. The patient will be respectful of all the health care providers, the staff and our facility as well as, other patients.
10. The patient is encouraged to provide input on the care they received and to complete and return the patient satisfaction survey that is provided. Additionally suggestions or comments may be directed to the Administrator, at (989) 495-9100.

## Grievance Procedure:

- The Center strives to provide quality care and achieve patient satisfaction. Patient grievances or complaints provide a means to measure achievement of this goal and to identify need for performance improvement. See below on how to register a complaint concerning any aspect of the service/care provided by the Center.
- Each patient shall receive a written patient questionnaire upon discharge giving him/her an opportunity to evaluate his/her care.
- Any patient may express his/her concerns through the said questionnaire or by a simple informal complaint. Such a complaint may be registered by telephone, in writing, or in person to any member of the Center staff. All complaints received by the Center personnel shall be forwarded to the Administrator or his/her designee the same day.
- The Administrator or his/her designee will attempt to address and resolve the concern by telephone or in person within 3 days.
- If subsequent to this contract by the Center, the patient continues to have a concern, the patient may submit the complaint or grievance in writing to the medical director, the Medical Director will consider the submitted grievance and may request additional information or documentation.
- Once the collection of relevant information for the grievance is determined to be complete, the Medical Director will respond to the grievance in writing within 30 days. If the Medical Director is not able to make a determination within this 30 day period, he/she will notify the patient in writing regarding the status of his/her grievance.



## **To Report a Concern:**

**Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Complaint Investigation Unit  
P.O. Box 30664  
Lansing, MI 48909**

**The Joint Commission  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
(630) 792-5000**

**Office of Beneficiary Ombudsman  
[www.medicare.gov](http://www.medicare.gov)**

Visit the website listed above or call 1-800-MEDICARE (1-800-633-4227) for more information, to ask questions, and to submit complaints to the office of the Medicare Ombudsman. TTY users should call 1-877-426-2048

## **Advance Directives**

A paper called an “Advance Directive” tells your doctor and other caregivers what you want if you need care when you are not able to speak for yourself.

There are two common types of Advance Directives. One is called a “Living Will”. The other is called a “Durable Power of Attorney for Health Care”.

In a Living Will, you say what health care you want, or do not want, in the event you have a medical emergency and are either mentally or physically not able to speak for yourself.

In a Durable Power of Attorney for Health Care, you choose another person to make decisions about your medical care.

That person will make medical decisions for you when you are either mentally or physically not able to speak for yourself.

Federal law requires hospitals, skilled nursing facilities, hospices, home health agencies and health maintenance organizations (HMO's) serving persons covered by either Medicare or Medicaid to give you information about Advance Directives. The facility must tell you about your legal right to have an Advance Directive and to refuse any medical care you do not want.

You do not have to prepare an Advance Directive if you do not want one. If you do have one, you may change or cancel it at any time.

Because you might change your mind about what kind of medical treatment you want as you get older, you should read your Advance Directive at least once a year. If you want to make any changes, be sure to give copies of the changes to your doctor, agents and others who need to know.

As a patient of the Great Lakes Bay Surgery and Endoscopy Center, if you have an Advance Directive, a copy will be placed in the patient chart. Those Advance Directives will be honored "To the maximum extent practicable". If requested, our staff will provide a State of Michigan Advance Directive Form.

Information regarding whether or not you have executed an Advance Directive will be documented in the patient electronic medical record. Patients have the right to make informed decisions regarding care while here. Please discuss your interests and concerns with our clinical staff and your doctor.

In the case of emergency, the patient will be transferred to a hospital. A copy of Advance Directive will be sent to the hospital where the patient is being transferred, if Advance Directives have been provided to our staff.

## Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Uses and Disclosures

**Treatment.** Your health information may be used by staff members or disclosed to other health care professional for the purpose of evaluation your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical records to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment.** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Health care operations.** Your health information may be used as necessary to support the day-to-day activities and management of Great Lakes Bay Surgery & Endoscopy Center. For example information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law enforcement.** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public health reporting.** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

### **Other uses and disclosures require your authorization.**

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### **Additional uses of information**

**Appointment reminders.** Your health information will be used by our staff to send you appointment reminders.

**Information about treatments.** Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

### **Individual Rights**

- You have the right to request restrictions on the use and disclosure of your protected health information.
- You have the right to receive confidential communications concerning your medical condition and treatment.
- You have the right to inspect and copy your protected health information.
- You have the right to amend or submit corrections to your protected health information.
- You have the right to receive an accounting of how and to whom you protected health information has been disclosed.
- You have the right to receive a printed copy of this notice.

## **Great Lakes Bay Surgery & Endoscopy Center Duties**

- We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.
- We are also required to abide by the privacy policies and practice that are outlined in this notice.

### **Rights to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

### **Requests to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. AS permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the receptionist or out Administrator. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

### **Limited English Proficient**

If you are not English proficient and need a translator, notify the registration staff of this need as soon as possible and we will attempt to accommodate you with a translator proficient in your language.

GREAT LAKES BAY  
Surgery &  
Endoscopy Center



*“Partnering in Your Care”*

**Facility Hours:**

Monday – Friday 6:30am to 4:30pm

Great Lakes Bay Surgery & Endoscopy Center is an outpatient surgery center, not an emergency clinic or walk in facility. ***If you are experiencing a complication after your procedure please contact your physician’s office. In emergency call 911 or immediately report to the nearest hospital emergency room.***

Additionally if you have general questions regarding your procedure, follow up care, your condition, general health, medications, or to schedule a follow up appointment, please contact your doctor’s office directly.

You have the right to choose an alternative source of service. Please contact your physician to obtain a list of sites where he/she has privileges to practice.

**Thank you!**

For choosing Great Lakes Bay Surgery & Endoscopy Center





4228 Bay City Rd.  
Midland, MI. 48642