

Advance Notification to Patients

In order for our facility to be in compliance with federal regulations, we are notifying you of information that must be given to you prior to your procedure. Please take the time to read it carefully. On the page titled "Acknowledgement Page", prior to your coming in for your procedure, please sign the page with the date that you received it (**for example: You received this document 3/1/10 procedure/surgery date is 3/15/10, you will date it for 3/1/10**).

Website

Our facility has a website. Most of the questions that you may have and forms related to your visit (i.e. pre-operative assessment form) can be found at <http://www.magnasurgicalcenter.com>. Select "For Patients" from the menu bar. If you do not find the answer to your question on our website, please feel free to contact us at 773-445-9696.

Advance Directives

An Advance Directive is a document that gives written instructions recognized under Illinois law, relating to the provision of healthcare when the individual is terminally ill or incapacitated and unable to communicate his/her desires. An Advance Directive is a document as such as living will or durable power of attorney for healthcare. According to state law, as an ambulatory surgery center, our facility does not fall into the category of a healthcare facility that is required to honor advance directives. However, if you do have an advance directive in place, we will take a copy of it to have on file in your chart,

If you provide us with an Advance Directive, the nursing staff will inform you and anyone accompanying you that our facility will not follow the advance directive you have provided to us. In the event you require transfer from our facility and must be admitted to a hospital, we will provide the hospital with a copy.

If you are interested in developing an Advance Directive, information is available regarding Advance Directives at www.idph.state.il.us/public/books/advin.htm or we can provide you with the information to assist you.

Co-pay & Co-Insurance Fees

Please be aware that Magna Surgical Center is categorized as a Free Standing-Outpatient Ambulatory Surgical Center. You may be required to pay a co-pay or coinsurance on your date of service. Also, please note that your co-pay or coinsurance at our facility may be more than what you pay for your doctor's office visits. If either of these fees applies to you at our facility, you will receive a courtesy call prior to your date of service from our Insurance Coordinator or may call here to our facility and ask to speak to them. You may also contact your insurance company directly at the 1-800# provided on the back of your insurance card.

PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS:

1. You have the right to considerate, dignified and respectful care and are free from all forms of abuse or harassment. You also have the right to participate in *the* conduct and responsibilities as outlined below without being subjected to discrimination or reprisal.
2. You have the right to every consideration of your privacy concerning your own medical care program. Case discussion, consultation, exam, and treatment are confidential and should be conducted discreetly. Those not involved in your care must have your permission to be present, or acting on the patients' behalf as mandated by State Regulations.
3. You have the right to expect that all communications, disclosures and records pertaining to your care be treated as confidential. You have the right to refuse their release, unless required by law.
4. You have the right to obtain from your physician completed current information concerning your diagnosis, treatment and prognosis/outcomes in terms that you can understand. When it is not medically advisable to give such information to you, the information should be made available to an appropriate person in your behalf. You have the right to know, by name, the physician responsible for coordinating your care and services available at the organization.
5. You have the right to receive from your physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies or where medically contraindicated, such information for informed consent should include, but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when you request information concerning medical alternatives, you have the right to such information.
6. You have the right to expect that within its capacity the surgery center must make a reasonable response to the request of the patient for services. The center must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, you may be transferred to another facility only after you have received complete information and explanation concerning the needs for and alternatives to such a transfer, if not an emergent situation. You have the right to information regarding after-hours care.
7. You have the right to obtain information as to any relationship of the surgery center to other health care and educational institutions insofar as your care is concerned. You have the right to obtain any information as to the existence of any professional relationships or financial interests among individuals, by names that are treating you.
8. You have the right to be advised if the surgery center proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
9. You have the right to expect reasonable continuity of care. You have the right to know in advance what appointment times and physicians are available and where. You have the right to expect that the surgery center will provide a mechanism whereby you are informed by your physician, or delegate of your physician, of your continuing health care requirements following discharge.
10. You have the right to examine and receive an explanation of your bill regardless of the source of payment, and to understand the center's payment policies.
11. You have the right to know what surgery center rules and regulations apply to your conduct as a patient.
12. You or your responsible other has the right to be informed of the complaint process at the surgery center. You should report any concerns about your care or safety issues you encountered during your stay. You may contact the nurse manager for information regarding initiation, review, and resolution of your complaints. You may report issues to the Illinois Department of Public Health at 1-800-252-4343, to TJC at 800-994-6610 www.jointcommision.org, or if Medicare related www.cms.hhs.gov/center/ombudsman.asp or 800-633-4227.
13. You have the right to an advance directive, such as a living will or healthcare proxy. A patient who has an advance directive should provide a copy to the facility and his/her physician. It is the policy of this facility

NOT to honor an advance directive. Information is available regarding advance directive at www.idph.state.il.us/public.books.advin.htm.

14. Your right on reporting of pain will be believed and information will be given about pain and pain relief measures. We are a concerned staff committed to pain prevention and management; health professionals who respond quickly to reports of pain management.
15. You have the right to change primary or specialty physicians if other qualified physicians are available within the practice to treat your condition.
16. You have the right to know that all marketing advertising efforts and accreditation references accurately portray the organization.
17. You have the right to be informed of the absence of malpractice coverage.

PATIENT IS RESPONSIBLE FOR:

1. Being considerate of other patients and personnel and for assisting in the control of noise, smoking, and other distractions.
2. Respecting the property of others and the facility.
3. You have the responsibility of honoring your financial commitments to the surgery center.
4. You are responsible to provide a responsible adult to transport you home from the facility and remain with you for 24 hours (if mandated by your provider).
5. Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her. As well as following the treatment plan prescribed by the physician.
6. Keeping appointments and, when unable to do so for any reason, for notifying the facility and physician.
7. Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, allergies or sensitivities, unexpected changes in the patient's condition or any other patient health matters.
8. Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed forfeiting the right to care at the facility and being responsible for the outcome.
9. Asking your doctor what to expect regarding pain and pain management.
10. Discussing pain relief options with your doctor.
11. Working with your doctor to develop a pain management plan.
12. Helping your doctor assess pain and tell him if your pain is not relieved.
13. Telling your doctor about any worries you have about taking pain medications.
14. Inform your physician about any living will, medical power attorney or other directive that may have an effect on your care.

Shareholder List
Southwestern Medical Center, LLC dba Magna Surgical Center

Dr. Raj Goyal
7456 S State Rd, Ste 304
Bedford Park, IL 60638

Dr. Neeraj Jain
908 Elm St, Ste 109
Hinsdale, IL 60521

SW Equity Holdings, Inc
7456 S State Rd, Ste 301
Bedford Park, IL 60638

Nondiscriminatory Policy

Ensures education of and public awareness of Civil Rights.

"This facility has agreed to comply with the provisions of the Federal Civil Rights Act of 1964 and the Illinois Human Rights Act and all requirements imposed pursuant thereto to the end that no person shall, on the grounds of race, color, national origin, ancestry, age, sex, religious creed, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination in the provision of any care or service".

Civil Rights Compliance

Magna Surgical Center complies with applicable Federal Civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Magna Surgical Center does not exclude people or treat them differently because of race, color, national origin, age disability or sex.

Language Assistance

Magna Surgical Center provides services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information if other format can be requested and made readily available, other formats may include (large print, audio, accessible electric formats, other formats).
- Provides free language services to people whose primary language is not English such as:
 - o Qualified Interpreters
 - o Information written in other languages

If you need these services, contact the Director of Operations.

If you believe that we have failed to provide these services or discriminated in another way on the basis of your race, color, national origin, age, disability, or sex, you can file a grievance by mail at:

Attn: ASC Administrator
Magna Surgical Center
7456 S State Rd, Ste 300
Bedford Park, IL 60638

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our staff is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Compliant Portal, available at <https://pcrportal.hhs.gov/ocr/portal/lobby.jsf> , or by mail at:

U.S Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building
Washington, DC 20201
1-800-868-1019, 1-800-537-7697 (TDD)

Complaint forms available at: <http://www.hhs.gov/ocr/office/file/index.html>

Magna Surgical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Informing Individuals with Limited English Proficiency of Language Assistance Services

ATTENTION: If you speak a foreign language assistance services, free of charge, are available to you Call: 1-877-696-67575 (TTY: 800-537-7697).

Specific translation for Notice of nondiscrimination, nondiscrimination and taglines are available at:

<http://www.hhs.gov/civil-rights/for-individuals/language-assistance/index.html>

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-696-6775.

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-696-6775.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-696-6775。

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-696-6775.

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-696-6775 번으로 전화해 주십시오.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-696-6775.

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-696-6775.

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-696-6775.

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-696-6775.

Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-696-6775.

Português (Portuguese)

Se necessita destes serviços, contacte HHS através do número 1-877-696-6775.

Italiano (Italian)



ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-696-6775.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-696-6775.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-696-6775 まで、お電話にてご連絡ください。

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-696-6775 تماس بگیرید.