

West Wichita Family Physician Clinic has expanded services to patients with the addition of the West Wichita Surgery Center.

The Surgery Center is located on the west side of the clinic facility adjacent to Building A and is equipped to provide endoscopy, pain management and minor surgical procedures. Parking is available north of the building entrance.

Patients scheduled at the West Wichita Surgery Center are asked to present the following at time of check-in:

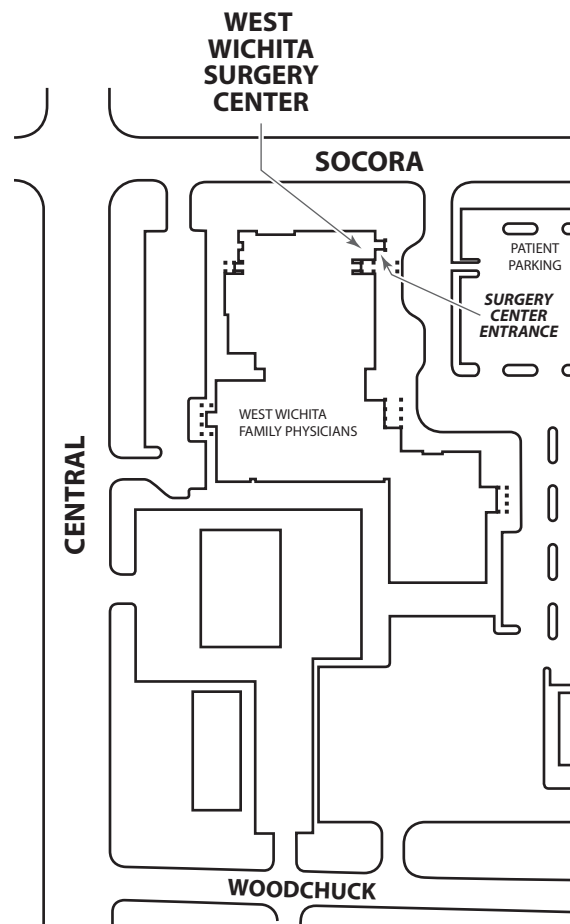
- current insurance card
- drivers license/photo ID
- list of current medications, (including herbal supplements) including dosages and frequency

On the day of the procedure, patients are asked to wear comfortable clothing and all personal belongings including jewelry should be minimal (please no necklace, metal chains or bracelets). Female patients younger than age 55 and who have not had a hysterectomy will be asked to provide a urine sample for pregnancy testing.

An adult must be present to drive the patient home following the procedure.

Additional information or instructions regarding the scheduled procedure are enclosed. Please read and follow all instructions carefully. If you have any questions, please contact the Surgery Center staff at 491-6300 between 7:00 am and 3:00 pm Monday through Friday.

Thank You!



WWSC is owned, operated, and managed by the Physician Partners of West Wichita Family Physicians, P.A.

- | | |
|-------------------------|-------------------------------|
| Kirk R. Bliss, D.O. | Michael G. Ludlow, M.D. |
| Joe D. Davison, M.D. | John N. May, M.D. |
| Larry A. Derksen, D.O. | Stan A. Messner, M.D. |
| Rick W. Friesen, M.D. | Todd A. Miller, M.D. |
| Robert Gonzalez, M.D. | Tobie R. Morrow, D.O. |
| Kris L. Goodnight, M.D. | Alison K. Raymond, M.D. |
| Rebecca L. Green, M.D. | Ronald J. Reichenberger, M.D. |
| Sheryl R. Hemmen, M.D. | Gary W. Reiswig, M.D. |
| Mark A. Hilger, M.D. | Jeffrey S. Reiswig, M.D. |
| Paul W. Huser, M.D.D. | David A. Robl, M.D. |
| Scott Kardatzke, M.D. | Dirk M. Smith, M.D. |
| Kimberly D. Kenas, D.O. | Edward J. Weippert, M.D. |
| David K. Lauer, M.D. | Yao Y. Yang, M.D. |
| William C. Loewen, M.D. | |

8200 W. Central Ave., Ste. 3
 Wichita, KS 67212
 (316) 491-6300 TEL
 (316) 491-2949 FAX
www.fppa.com

West Wichita Surgery Center is accredited by the American Association of Ambulatory Healthcare Inc., and is staffed by physicians and nurses trained in ambulatory services.



West Wichita Surgery Center



Accredited by the
ACCREDITATION ASSOCIATION
 for AMBULATORY HEALTH CARE, INC.

Accreditation is a voluntary process through which an organization is able to measure the quality of its services and performance against nationally recognized standards. The Certificate of Accreditation is a symbol to others that an organization has committed to providing high-quality care and that it has demonstrated its commitment by measuring up to the Accreditation Association's high standards.

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PATIENT RIGHTS

As a patient of West Wichita Surgery Center, you have the right to:

- Become informed of your rights as a patient in advance of your procedure. You may appoint a representative to receive this information should you so desire. These rights will apply to the person legally responsible for health care decisions on your behalf.
- Be treated with dignity, considerate and respectful care, given by competent personnel and provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Receive, to the degree known, complete information concerning your diagnosis, evaluation, proposed treatment or procedures to be performed, potential complications and prognosis as you may need in order to give informed consent or to refuse the course of treatment. This information may be given to a legally authorized person when it is medically inadvisable to give such information to you or to a person designated by you.
- Participate in the development and implementation of your plan of care and actively participate in decisions regarding your medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment and be informed of the medical consequence of refusal.

- Maintain personal privacy and security of self and belongings during the delivery of patient care services.
- Receive information in a manner that you understand. WWSC will make a reasonable response to the need/request for assistance in effective communication, regardless of language or disability.
- Access information contained in your medical record at WWSC within a reasonable time frame within the limits of state law.
- Be informed of the continuing healthcare requirements following your discharge from WWSC.
- Be informed of expected services and financial charges and receive an explanation of your bill.
- Receive a copy of Notice of Rights to Privacy.
- Have your health information treated with confidentiality and are given the opportunity to approve or refuse the release of such information except when required by law.
- Be informed of your responsibilities as a patient prior to receiving care.
- Choose another facility or change your provider if other qualified providers are available.
- Information concerning: your rights as a patient, patient conduct and responsibilities, and participation, services available at the WWSC, provisions for after hours and emergency care, fee for services, payment policies, and credentials of WWSC healthcare professionals and policies on advance directives.
- Be informed of policies and procedures that relate to your care, treatment and resources for resolving disputes, grievances and conflicts within WWSC, and procedures for expressing suggestions, and exercising your rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Refuse to participate in research.
- Be informed that WWSC is owned, operated, and managed by the Physician Partners of West Wichita Family Physicians, a list is provided upon request.
- Formulate advance directives, under Kansas statute this includes, Living Will Declaration, Durable Power of Attorney for Health Care or Do Not Resuscitate Directive. More information including forms on advance directives are available upon request.

PATIENT RESPONSIBILITIES

As a patient of West Wichita Surgery Center, you have the responsibility to:

- Be respectful of all the health care providers and staff, as well as other patients.
- Provide complete and accurate information to the best of your ability about your health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Follow the treatment plan prescribed by your provider and participate in your care.
- Provide a responsible adult to transport you home from the WWSC and remain with you for 24 hours, if required by your provider.

- Inform your provider about any advance directives including: living will, durable power of attorney for healthcare, or other directive that could affect your care.
- Accept personal financial responsibility for any charges not covered by your insurance.
- Follow surgery center rules, including the "NO SMOKING" and "NO WEAPONS" policy.
- Promote the safety of other patients and staff.
- Make your concerns and complaints known.

Reporting of Abuse, Neglect or Exploitation

The administrator of the WWSC shall be responsible for reporting any incidents of abuse, neglect, or exploitation of any patient including children.

Grievances/Complaints

A process for handling complaints or grievances pertaining to your healthcare service at WWSC is strictly followed by the WWSC. You may direct grievances/complaints to the following: **WWSC Risk Manager** by phone: **316-491-6340** or by mail: WWSC Attn. Risk Manager, 8200 W. Central Ste. Three, Wichita, KS 67212. **Accreditation Association for Ambulatory Healthcare** by phone **847-853-6060**.

Office of Medicare Beneficiary Ombudsman

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

The role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help they need to understand their Medicare options and to apply their Medicare rights and protections.

Kansas Department of Health and Environment

Joseph Kroll, Director
1000 SW Jackson, Suite 200
Topeka, Kansas 66612-1365
by phone: 785-296-1240

ADVANCE DIRECTIVE NOTIFICATION

In the state of Kansas, 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 based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. West Wichita Surgery Center respects and upholds those rights.

However, unlike in an acute care hospital setting, West Wichita Surgery Center does not routinely perform "high risk" procedures. 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.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney. If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.