



## **Lowcountry Ambulatory Center, LLC**

### **Patient Rights and Responsibilities**

**As a recipient of Federal financial assistance, Lowcountry Ambulatory Center, LLC** treats patients and their caregivers with respect, consideration and dignity and does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of age, race, color, gender, national origin, religion, culture, physical or mental disability, personal values or belief systems or age **in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Lowcountry Ambulatory Center, LLC, directly or through a contractor or any other entity with which Lowcountry Ambulatory Center, LLC arranges to carry out its programs and activities.** Patients will receive a copy of these rights and responsibilities prior to the date of the procedure.

#### **Each patient has the right to:**

1. Receive appropriate care in a safe setting as directed by the physician from staff members who are friendly, considerate, respectful, qualified to perform the services for which they are responsible with the highest quality of service.
2. Expect appropriate privacy with regard to treatment while in the facility and treatment of all patient health information held by the facility in medical records except when disclosure is required by law.
3. Approve or refuse the release of patient health information except in the case of acute transfer to another facility or when disclosure is otherwise required by law.
4. Complete information, to the extent known by the physician, regarding diagnosis, evaluation, treatment plan, procedure and prognosis, as well as alternative treatments or procedures and the potential risks and side effects associated with treatment plan and procedure.
5. Participate in decisions regarding their healthcare, except when contraindicated for medical reasons. If the patient is unable to participate in such decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
6. Information regarding the scope of services available at the facility and provisions for after-hours emergency care.
7. Information related to fees for services rendered and facility policies regarding payment for such services.
8. Refuse treatment to the extent permitted by law and be informed of the medical consequences of such a refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the physician or facility.
9. Be fully informed of any human experimentation or other research projects affecting his or her care or treatment. The patient has the right to refuse participation in such experimentation or research without compromise to the patient's care.
10. Be fully informed of the facility's policy regarding advance directives/living wills.
11. Information regarding and assistance in changing primary or specialty physicians or dentists if other qualified physicians or dentists are available.
12. Request information regarding the credentialing of healthcare professionals who provide care at the facility.
13. Information regarding the absence of malpractice insurance coverage when applicable to the healthcare professional providing patient care.

14. Information regarding the procedure for expressing suggestions and/or grievances and external appeals as required by state and federal regulation.
15. Be free from all forms of abuse, neglect, or harassment.
16. Exercise his or her rights without being subjected to discrimination or reprisal.

**Each patient is responsible for:**

1. Provision of complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
2. Following the treatment plan prescribed by his/her provider
3. Assuring that a responsible adult is available to transport him/her home from the facility and remain with him/her for 24 hours if required by his/her provider
4. Informing his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care
5. Accepting personal financial responsibility for any charges not covered by his/her insurance
6. Being respectful of all the health care providers and staff, as well as other patients
7. Respecting the property of others and the facility.
8. Confirmation of whether he or she clearly understands the planned course of treatment.
9. Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.

We pledge that each patient will receive the highest patient care available, delivered in a professional, friendly and confidential manner. Comments or concerns regarding our service may be made directly to our Administrator, Sean McNally, also at [mcnally.ceo@gmail.com](mailto:mcnally.ceo@gmail.com) at:

Lowcountry Ambulatory Center  
1844 Wallace School Road  
Charleston, SC 29407  
843-556-2545  
1-843-518-6552 (FAX)

You may also contact the State Department of Health (DHEC) to report a specific grievance associated with your care at this facility. DHEC phone number: 1-803-545-4870; and at [www.scdhec.gov](http://www.scdhec.gov).

You may also contact the Office of the Medicare Beneficiary Ombudsman website Agency for Health Care Administration of South Carolina Office of the Medicare Beneficiary Ombudsman to report a specific grievance associated with your care at this facility:

[www.medicare.gov/ombudsman/resources/asp](http://www.medicare.gov/ombudsman/resources/asp)

**1-800-623-4227**

**1-850-414-2323**

Patients may also contact the South Carolina State Dept of Health Consumer SUCS Unit at **1-877-696-6775**.

**The Physician Owners are:**

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