



Please Return this form to the Center

To comply with the Conditions for Coverage under Federal Guidelines you are being provided the following information related to the **Grand Island Surgery Center**.

The patient is informed of his/her rights and responsibilities and can exercise these rights without being subjected to discrimination or reprisal.

1. The **patient** has the right to appropriate and professional care relating to physicians orders.
2. The **patient** has the right of choice of care providers.
3. The **patient** has the right to receive information necessary to give informed consent prior to the start of the procedure.
4. The **patient** has the right to refuse treatment within the confines of the law and to be informed of the consequences of his/her actions.
5. The **patient** has the right to data privacy and confidentiality.
6. The **patient** has the right to voice grievances and suggest changes in service or staff.
7. The **patient** has the right to be informed of the Center's policies and charges for services.

An **Advance Directive** is a statement or instruction a person makes about his or her wishes concerning health care. The directive would be in writing and made while the person is still capable of knowing what his or her wishes are. There are two basic types of advance directives which are '**Living Wills**' and '**Durable Power of Attorney for Health Care**'. For more information or sample forms for advance directives, please contact DHHS at 'www.hhs.state.ne.us/ags/advdir.htm'. It is the policy of Grand Island Surgery Center to handle each patient's Advance Directive as required by State Law and to forward the Advance Directive with the patient's medical records, should a transfer to another facility take place.

The following have financial interest in the **Grand Island Surgery Center**:

Albers, Curtis	Goering, John	Mleczo, Kris
Alberts, Greg	Harkins, Lori	Proffitt, Robert
Allen, John	Hockman, Heather	Schneider, Steven
Bandel, Scot	Johnson, Molly	Sextro, Greg
Brennan, Matt	Koefoot, R. Bruce	Sextro, Philip
Cahoy, Philip	Larsen, Kevin	Vieth, Chad
Cronk, Daniel	Lemek, Scott	Wagoner, John
Crouch, Ryan	Lesiak, Frank	Wendt, James
Frankforter, Scott	Lewandowski, James	Werner, Thomas
Gleason, Michele	Luebbe, Brandt	SFMC
Goble, Richard	McCarty, Michael	

Patient _____

Date _____

TO FILE A COMPLAINT:

Health Facility Investigations, 301 Centennial Mall South, P. O. Box 94986, Lincoln, NE 68509
402-471-0316