Patients have the right to file a grievance with either the Compliance Officer or with the Texas Department of State Health Services.

Contact information for both facilities are below.

Health and Human Services Commission Complaint and Incident Intake
Mail Code E-249
P.O. Box 149030
Austin, TX 78714-9030
Phone Line: 1-800-458-9858 Option 5

Spine Team Texas
ATTN: Compliance Officer –mark "Confidential" on the envelope
1545 E. Southlake Blvd.
Southlake, TX 76092
Anonymous Line: 817-769-0767

Centers for Medicare and Medicaid Services:
How to file a complaint go to www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home

A Revocation of Advanced Directives of Medical Powers of Attorney

All patients have the right to participate in their own health care decisions and to make advanced directives or to execute power 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. This surgery center respects and upholds those rights.

However, unlike an acute hospital setting, the 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 advanced 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 treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advanced directive or health care power of attorney.

Locations

Allen*
1120 Raintree Circle, Suite 110
Allen, TX 75013

Alliance*
10900 Founders Way, Suite 101
Fort Worth, TX 76244

Bedford
1305 Airport Freeway, Suite 406
Bedford, TX 76021

Flower Mound
4001 Long Prairie Road, Suite 110
Flower Mound, TX 75028

Fort Worth
800 5th Avenue, Suite 300
Fort Worth, TX 76104

Melissa
3100 Sam Rayburn Highway
Melissa, TX 75454

Plano
6957 West Plano Parkway, Suite 2500
Plano, TX 75093

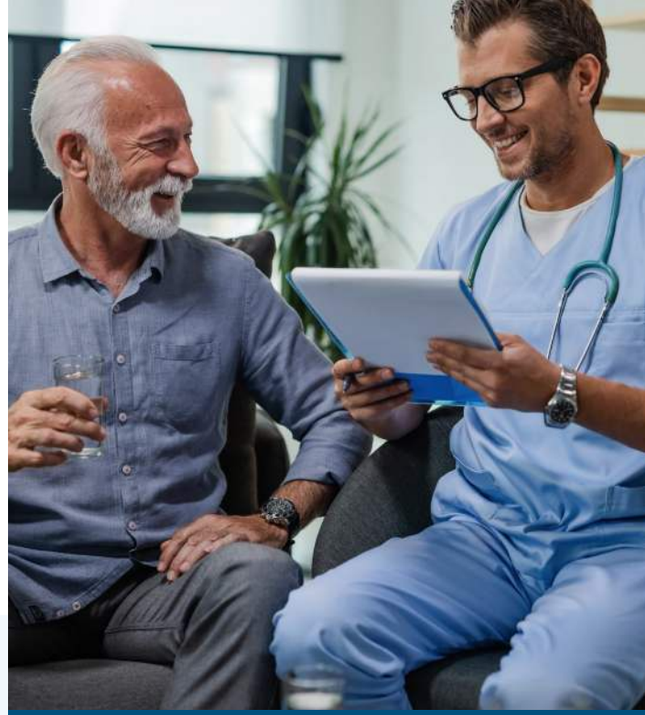
Prosper
1970 West University Drive, Suite 210
Prosper, TX 75078

Richardson
3661 North Plano Road, Suite 2200
Richardson, TX 75082

Rockwall*
3142 Horizon Road, Suite 100
Rockwall, TX 75032

Southlake*
1545 East Southlake Boulevard, Suite 100
Southlake, TX 76092

*Full service sites including physical therapy and surgery centers.



SPINE TEAM TEXAS®

Patient Rights and Responsibilities

www.SpineTeamTexas.com
Phone 817-442-9300
Fax 817-416-0108

Patient Rights

• The patient has the right to receive care in a safe setting.

• The patient has the right to be free from all forms of abuse or harassment.

• Patients have the right to become informed of their rights as a patient in advance of, or when discontinuing, the provision of care. The patient may appoint a representative to receive this information should they desire.

• Patients have the right to decide which facility they will have any procedure or surgery performed.

• Patients have the right to exercise their rights without regard to sex, cultural, economic, educational or religious background or the source of payment for care.

• Patients have the right to be free from any act of discrimination or reprisal.

• Patients have the right to know the name of the physician who has primary responsibility for coordinating their care and the names and qualifications of other physicians and healthcare providers who will see them.

• Patients have the right to change providers if other qualified providers are available.

• Patients have the right to receive information from their physician about their illness, course of treatment, outcomes of care, (including unanticipated outcomes), and their prospects for recovery in terms that they can understand.

• Patients have the right to receive as much information about any proposed treatment or procedure as they may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.

• Patients have the right to participate in the development and implementation of their plan of care and actively participate in decisions regarding their medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.

• Patients have the right to formulate advance directives regarding their healthcare, and have the ASC/clinic staff and practitioners who provide care in the ASC/clinic to comply with these directives (to the extent provided by state laws and regulations). Texas advance-directive information and official forms are available upon request. We also document in your medical record whether you have an advance directive.

• Patients have the right to the confidential treatment of all communications and records pertaining to their care.

• Patients have the right to reasonable responses to any reasonable request they may make for service.

• Patients have the right to expect reasonable continuity of care.

• Patients have the right to examine and receive an explanation of their ASC/clinic bill regardless of source of payment.

• Patients have the right to have a family member or representative of their choice notified promptly of their admission to a hospital.

• Patients have the right to have their personal physician notified promptly of their admission to a hospital.

• Patients have the right to full consideration of privacy concerning their medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely. The patient has the right to be advised as to the reason for the presence of any individual involved in their healthcare.

• We provide free language assistance and auxiliary aids. Please tell our staff if you need assistance so we can communicate in the language and manner you understand. This may also be requested in advance when procedure is schdeuled.

• Some physicians who provide care at this ASC have ownership and/or financial interests in the facility. A current list of physician owners is available at registration and upon request.

Privacy Policy

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

When you visit the offices of Spine Team Texas, PA or ASC, a record of the visit is made. Spine Team Texas has always been committed to protecting the privacy of your health information. Nonetheless, federal law requires us to put in place more formal policies and procedures to safeguard your medical records and other records such as billing records, that contain personal health information about you.

These laws give you certain rights, including the right to receive this notice explaining our privacy practices and the right to ask us for an updated copy of the notice at any time. You have the right to ask to see and have a copy of your records, the right to ask us to change your records if they are incomplete or incorrect, and the right to ask us for a listing of certain disclosures about you that we may have made. If you think we violated your privacy, you may send a complaint, or talk in person to our Compliance Officer, or send your complaint to the Department of Health and Human Services.

In addition to these basic rights, we will honor all reasonable requests that you may have about where, when and how we may contact you. You may ask us to make changes to our normal privacy practices. Although we will consider your requests, the law does not require us to agree to every suggestion you have. We will, however, always tell you whether we can make special arrangements to meet your needs.

We routinely use the health information you give us or that we create to treat you, to bill you or your insurance, and to operate our business in ways consistent with good patient care and sound practice management. We have procedures in place to confidentially forward a copy of your records to other health care providers involved in your care. If you agree, we also may discuss some health information about you with relatives or friends who help with your care. Sometimes we work with individuals and businesses that help us run our practice more effectively.

For example, we may hire answering services, accountants, or billing consultants. We may disclose personal information about our patients to these business associates if they need the information to assist us in providing service to you. To protect your health information, we include a provision in our contracts with business associates requiring them to put procedures in place to safeguard your records.

We release personal health information about our patients when we are required to do so by federal, state, or local laws and for a number of public policy reasons including public health reporting, law enforcement activities, judicial proceedings, workers compensation, and certain types of records-based research. Whenever we release records for these reasons, we follow privacy safeguards appropriate to the situation.

If we need to use or disclose your records for purposes other than those described above, we will get a written authorization from you. You should know that we may revoke any authorization you give us at any time, although you must do so in writing.

You may request the full NOTICE OF PRIVACY PRACTICES disclosure.

Payment Policy

Spine Team Texas is committed to serving you. As part of this commitment, we want you to understand your payment obligations. The following is a statement of our payment policy.

Methods of Payment: Spine Team Texas accepts all major forms of payment including Cash, Checks, Visa, Mastercard, American Express and Discover.

Estimate of Charges: Spine Team Texas will provide a Good Faith Estimate upon request. The pricing information is a best estimate based on the information we currently have available at the time of the request and is not a guarantee of exact charges or out of pocket costs.

Statements: Spine Team Texas will send monthly statements for any patient balance due. Any statement-related questions should be directed to our Business Office at 682-651-1908.

Insurance: Spine Team Texas has established arrangements with several different types of health care insurers. Co-pays, co-insurance, and deductibles are due at the time of service. Please check with your PCP to obtain all required referrals. If the required referral is not obtained at the time of service, appointment will be considered cash pay.

Changes In Information: Any changes in demographic information such as patient address, insurance changes or contact details are the responsibility of the patient or guarantor.

Medicare: As a participating Medicare facility, we accept assignment of benefits and file all claims. The patient is responsible for deductibles and co-insurance. Spine Team Texas may ask you to sign an Advanced Beneficiary Notice for any services that Medicare may not cover per Medicare guidelines.

Patient Responsibilities

• Patients are informed of the responsibility to provide complete and accurate information to the best of their ability about their health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities.

• Patients are responsible for reporting perceived risks in their care and unexpected changes in their condition to their responsible practitioner.

• Patients and families are responsible for asking questions when they do not understand what they have been told about their care or what they are expected to do.

• Patients have the responsibility to follow the treatment plan recommended by the practitioner.

• Patients are responsible for their actions if they refuse treatment or do not follow the practitioner's instructions.

• Patients are responsible for keeping appointments and for notifying the ASC/clinic or physician when they are unable to do so.

• Patients are responsible for being respectful of the property of other persons and of the ASC/clinic.

• Patients have a responsibility to become knowledgeable about their health plan and to assure that the financial obligations of their health care are fulfilled as promptly as possible.

• Patients are responsible for following ASC/clinic's policy and procedures.

• Patients are responsible for being considerate of the rights of other patients and ASC/clinic personnel, assisting in the control of noise, and number of visitors.

• Patients are responsible for communicating with physicians and nurses about pain, response to pain relief, and any concerns about taking pain medication.

• The patient shall provide a responsible adult to transport him/her home from the facility.