

## MSC PHYSICIAN SHAREHOLDERS

Noble Anderson, M.D. 1773 Platt Place Montgomery, Alabama 36117	Roy Hager, M.D. 4255 North Carmichael Ct Montgomery, Al 36106	Duncan McRae, M.D. 2055 E South Blvd Suite 601 Montgomery, Al 36116
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Gregory Borg, M.D. 1722 Pine Street, Suite 804 Montgomery, Al 36106	Michael P. Bentley 6727 Taylor Court Montgomery, AL 36117	Stephen Samelson, M.D. 2119 E South Blvd Suite 200 Montgomery, Al 36116
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Joseph Curtis, M.D. 2119 E South Blvd Suite 200 Montgomery, Al 36116	William Knox, M.D. 2163 Normandie Dr Montgomery, Al 36198	Wallace Vaughan, M.D. 2163 Normandie Dr Montgomery, Al 36198
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Joseph A Desautels, M.D. 495 Taylor Road Montgomery, Al 36117	Keith Martin, M.D. 495 Taylor Road Montgomery, Al 36117	John Mark Vermillion, M.D. 2055 E South Blvd Suite 601 Montgomery, Al 36116
Allen Dupre, M.D. 495 Taylor Road Montgomery, Al 36117	Tucker Mattox, M.D. 2119 E South Blvd Suite 200 Montgomery, Al 36116	Gregory Waller, M.D. 495 Taylor Road Montgomery, Al 36117
Charles Fletcher, M.D. 2119 E South Blvd Suite 200 Montgomery, Al 36116	Stuart May, M.D. 2055 E South Blvd Suite 712 Montgomery, Al 36116	William Ware Jr., D.O. 470 Taylor Rd Suite 201 Montgomery, Al 36117
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Edward Foxhall, M.D. 4224 North Carmichael Court Montgomery, Al 36106	Roosevelt McCorvey, M.D. 3088 Rosa L Parks Avenue Montgomery, Al 36105	Byron Lawton, M.D. P.O. Box 240488 Montgomery, AL 36117
Ralph, Garrard, M.D. P.O. Box 240488 Montgomery, Al 36117	Benjamin Griggs, M.D. 495 Taylor Road Montgomery, Al 36117	W. McCain Ashurst, M.D. P.O. Box 240488 Montgomery, Al 36117

For quality of care concerns please contact:

MSC ADMINISTRATOR  
470 TAYLOR ROAD, SUITE 100  
MONTGOMERY, AL 36117  
334-284-9600

MEDICARE BENEFICIARY OMBUDSMAN  
[medicare.gov/ombudsman](http://medicare.gov/ombudsman)  
1-800-MEDICARE (1-800-633-4227)

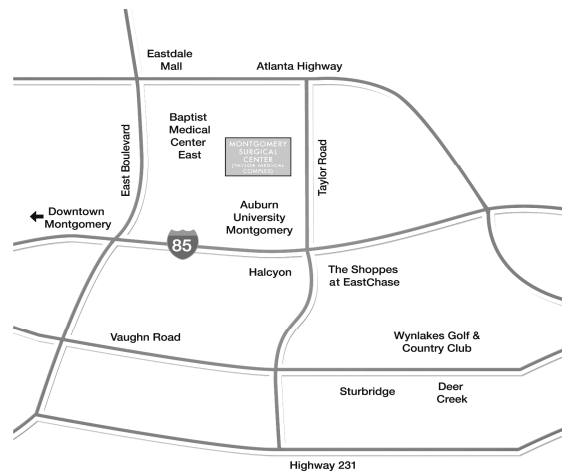
ALABAMA DEPT. OF PUBLIC HEALTH  
201 MONROE STREET  
MONTGOMERY, AL 36104  
1-800-356-9597

FOR PRIVACY CONCERNS PLEASE CONTACT:

BAPTIST HEALTH  
PRIVACY OFFICER .... 334-273-4417  
PRIVACY COORDINATOR ... 334-273-4437  
301 BROWN SPRINGS ROAD  
MONTGOMERY, AL 36117

Mailing address:  
P.O. Box 244001  
Montgomery, AL 36124-4001  
Fax: 334-273-4415

REGION IV OFFICE OF CIVIL RIGHTS  
US DEPT OF HEALTH & HUMAN SERVICES  
ATLANTA FEDERAL CENTER SUITE 3B  
7061 FORSYTH STREET SW  
ATLANTA, GA 30303-8909



# MSC

MONTGOMERY SURGICAL CENTER



TAYLOR MEDICAL COMPLEX  
470 TAYLOR ROAD, SUITE 100  
MONTGOMERY, AL 36117

## **PATIENT RIGHTS and RESPONSIBILITIES**

**As a patient, you can expect the staff to ensure your rights, including but not limited to:**

**INDIVIDUALIZED TREATMENT AND PERSONALIZED, QUALITY CARE FROM ADMISSION TO DISCHARGE**

**TO BE TREATED WITH DIGNITY, COURTESY, RESPECT AND CONSIDERATION**

**ADEQUATE PRIVACY, BOTH PHYSICALLY, AND IN TERMS OF INFORMATION CONCERNING YOUR CARE**

**CONFIDENTIALITY OF ALL TREATMENT, INFORMATION AND MEDICAL RECORDS (Except as required by law, we will release no information without your consent.)**

**TO BE GIVEN COMPLETE INFORMATION, BASED ON WHAT IS KNOWN ABOUT YOUR DIAGNOSIS, TREATMENT, ALTERNATIVES TO TREATMENT AND THE EXPECTED OUTCOME OF YOUR TREATMENT (If you are unable to understand this information, your next of kin or legally appointed guardian has the right to this information. No treatment will be given to you without your consent.)**

**TO BE GIVEN THE OPPORTUNITY TO PARTICIPATE IN DECISION MAKING INVOLVING YOUR HEALTH CARE UNLESS CONTRAINDICATED FOR MEDICAL REASONS**

**TO BE MADE AWARE OF THE FACILITY'S POLICY REGARDING ADVANCE DIRECTIVES/LIVING WILLS (The center will not honor any advance directive during your course of treatment at MSC. A copy of the advance directive will be placed in your medical record in the event that you require transfer to an acute care facility.)**

**TO KNOW THE IDENTITY AND DUTIES OF ALL PERSONS AT THE CENTER WHO TREAT OR CARE FOR YOU**

**TO REFUSE TREATMENT AND TO BE INFORMED OF THE MEDICAL CONSEQUENCES OF NOT HAVING THE TREATMENT, IF YOU SO DESIRE, TO REFUSE EXPERIMENTAL PROCEDURES, OBSERVERS, STUDENTS OR PHOTOGRAPHY OF YOUR PROCEDURE**

**TO HAVE CONSISTENCY OF CARE (If you require the services of another provider or facility, center personnel will assist you in locating such services.)**

**TO KNOW THE FEES AND CHARGES FOR CENTER SERVICES AND TO RECEIVE AN EXPLANATION OF YOUR BILL (The receptionist will refer you to a business office representative to answer any questions you have regarding any fees or payments.)**

**TO BE INFORMED OF THE EXISTENCE OF BUSINESS RELATIONSHIPS AMONG THE HOSPITAL, EDUCATIONAL INSTITUTIONS, OTHER HEALTH CARE PROVIDERS, OR PAYERS THAT MAY INFLUENCE TREATMENT AND CARE**

**TO REVIEW THE RECORDS PERTAINING TO YOUR MEDICAL CARE AND TO HAVE THE INFORMATION EXPLAINED OR INTERPRETED AS NECESSARY, EXCEPT WHEN PROHIBITED BY LAW**

**TO KNOW THE SERVICES AVAILABLE AT MSC (In general, we offer one day surgical services. The center is fully equipped and the staff is fully trained to take care of unforeseen emergencies that could occur during your stay at the center. Should hospitalization become necessary, the center has an arrangement with local hospitals for patient transfer to a hospital. For specific questions, the receptionist will direct you to department manager.)**

**TO KNOW WHO AND WHERE TO CALL FOR AFTER-HOURS CARE OR EMERGENCIES (You may call the center at 284-9600 and speak with a nurse from 6:30 a.m. until 5:00 p.m., Monday through Friday. Generally you will need to call your physician for specific problems. Your physician's telephone number is written on your post operative instruction sheet, which you will be given before discharge from the center. For very serious or life-threatening problems, you should access the emergency medical system by dialing 911 on a telephone; or proceed to the nearest emergency room. Always have someone notify your physician if you go to the emergency room.)**

**As a patient, you have certain responsibilities, including but not limited to:**

**TO READ AND UNDERSTAND ALL PERMITS AND/OR CONSENTS YOU SIGN (If you do not understand, it is your responsibility to ask the nurse or physician for clarification)**

**PROVIDE COMPLETE AND ACCURATE INFORMATION TO THE BEST OF YOUR ABILITY ABOUT YOUR HEALTH, ANY MEDICATIONS, INCLUDING OVER THE COUNTER PRODUCTS, DIETARY SUPPLEMENTS AND ANY ALLERGIES OR SENSITIVITIES (Please alert the nurse if you might be pregnant or if you have a pacemaker)**

**TO READ CAREFULLY AND FOLLOW THE PRE-OPERATIVE INSTRUCTIONS YOUR PHYSICIAN AND/OR THE MONTGOMERY SURGICAL CENTER HAS GIVEN YOU**

**TO NOTIFY THE MONTGOMERY SURGICAL CENTER IF YOU HAVE NOT FOLLOWED THE PRE-OPERATIVE INSTRUCTIONS**

**PROVIDE A RESPONSIBLE ADULT TO TRANSPORT HOME FROM THE FACILITY AND REMAIN WITH FOR 24 HOURS IF REQUIRED**

**TO READ CAREFULLY AND FOLLOW THE POST-OPERATIVE INSTRUCTIONS YOU RECEIVE FROM THE PHYSICIANS AND/OR NURSES, TO INCLUDE POST-OPERATIVE APPOINTMENTS**

**TO CONTACT THE PHYSICIAN IF YOU HAVE ANY COMPLICATIONS**

**TO ASSURE ALL PAYMENTS FOR SERVICE RENDERED ARE MADE ON A TIMELY BASIS (the ultimate responsibility is yours, regardless of the insurance coverage you may have)**

**TO BEHAVE IN AN ORDERLY MANNER AND ADHERE TO CENTER POLICIES**

**TO MAKE A SUGGESTION OR COMPLAINT REGARDING THE CARE YOU RECEIVE, EVALUATION FORMS ARE PROVIDED FOR YOUR RESPONSE OR THE RECEPTIONIST WILL DIRECT YOU TO THE APPROPRIATE DEPARTMENT MANAGER TO DISCUSS YOUR SUGGESTIONS**

**Contact Administrator of MSC:  
470 TAYLOR ROAD, SUITE 100, MONTGOMERY, AL 36117 OR PHONE: 334-284-9600)**

**As a patient, you are encouraged to promote your own safety by becoming an active, involved and informed member of your health care team. This includes your right to:**

**ASK QUESTIONS IF YOU ARE CONCERNED ABOUT YOUR HEALTH OR SAFETY**

**VERIFY THE SITE/SIDE OF THE BODY THAT WILL BE OPERATED ON PRIOR TO THE PROCEDURE**

**REMINDE STAFF TO CHECK YOUR ID BEFORE MEDICATIONS ARE GIVEN, BLOOD SAMPLES ARE OBTAINED OR PRIOR TO AN INVASIVE PROCEDURE**

**REMINDE THE CAREGIVERS TO WASH THEIR HANDS PRIOR TO GIVING CARE**

**BE INFORMED ABOUT WHICH MEDICATIONS YOU ARE TAKING AND WHY YOU ARE TAKING THEM**

**FOLLOW THE TREATMENT PLAN RECOMMENDED BY YOUR CAREGIVERS**

**ACCEPT PERSONAL RESPONSIBILITY IF YOU REFUSE TREATMENT**

**OBSERVE MSC RULES**

**RECOGNIZE AND RESPECT THE RIGHT OF OTHER PATIENTS, FAMILIES AND STAFF**

**REPORT PERCEIVED RISKS AND UNEXPECTED CHANGES IN YOUR CONDITION TO YOUR HEALTH CARE PROVIDER**