

MSC PHYSICIAN SHAREHOLDERS

Noble Anderson, M.D. 1773 Platt Place Montgomery, Alabama 36117	Perry O. Hooper, D.O. 454 Taylor Road Montgomery, Al 36117	Randall L. Murphy, M.D. 470 Taylor Road Montgomery, Al 36117
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Katelin Holmes, D.O. 4250 Carmichael Court N. Montgomery, AL 36106	James Izer, M.D. 4255 North Carmichael Ct Montgomery, Al 36106	Jason Randall, M.D. 454 Taylor Road Montgomery Al, 36117
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Joseph Curtis, M.D. 454 Taylor Road Montgomery, Al 36117	Hussien Turki, M.D. 4294 Lomac Street Montgomery, Al 36106	Wallace Vaughan, M.D. 6980 Winston Blount Blvd Montgomery, Al 36117
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Roland Hester, M.D. 454 Taylor Road Montgomery, Al 36117	Keith C. Martin, M.D. 7065 Sydney Curve 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. 454 Taylor Road Montgomery, Al 36117	Gregory Waller, M.D. 495 Taylor Road Montgomery, Al 36117
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	Pamela Strickland, M.D. 4250 Carmichael Court N. Montgomery, AL 36106	

For quality of care concerns please contact:

MSC ADMINISTRATOR
470 TAYLOR ROAD, SUITE 100
MONTGOMERY, AL 36117
334-747-9600

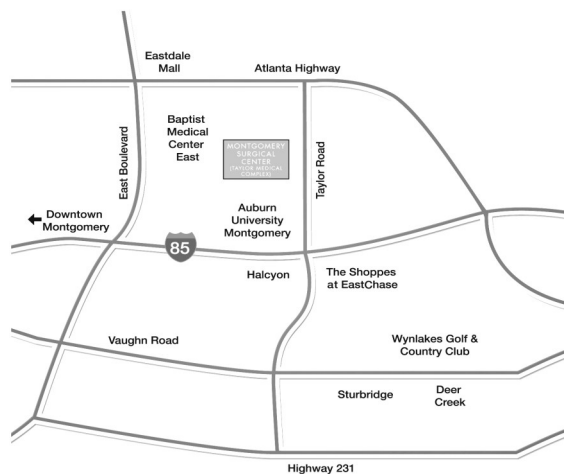
MEDICARE BENEFICIARY OMBUDSMAN
medicare.gov/ombudsman
1-800-MEDICARE (1-800-633-4227)

ALABAMA DEPT. OF PUBLIC HEALTH
201 MONROE STREET
MONTGOMERY, AL 36104
1-800-356-9596

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 16T
7061 FORSYTH STREET SW
ATLANTA, GA 30303-8909



MSC
MONTGOMERY SURGICAL CENTER



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

<http://www.baptistfirst.org>
select facilities, Montgomery Surgical Center

Montgomery Surgical Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-945-7889 (TTY: 7-1-1)

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。

請致電 1-800-945-7889 (TTY: 7-1-1)

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 CHANGE PROVIDERS AS LONG AS ANOTHER QUALIFIED PROVIDER IS AVAILABLE.

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. Our physicians are fully credentialed and covered under malpractice insurance. We offer interpretation services for hearing impaired. 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 a department manager.)

TO KNOW WHO AND WHERE TO CALL FOR AFTER-HOURS CARE OR EMERGENCIES (You may call the center at 747-9600 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: 334-747-9600)

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

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

REMIND 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