



## OUTPATIENT INFORMATION

### Our Mission

#### Mission Statement

To provide our patients with the highest quality in surgical, hospital, clinical, diagnostic, and therapeutic services with convenience, cooperation, efficiency, and cost effectiveness in a comfortable and pleasant environment.

#### Goals and Objectives

- To provide state-of-the-art care by maintaining quality standards at affordable costs.
- To render a wide range of patient services that benefit surrounding communities.
- To select qualified individuals of high caliber that will continuously strive toward professional excellence.
- To maintain high standards of quality patient care.
- To maintain and enhance employee productivity standards.
- To ensure integrity, corporate responsibility, and ethical behavior in all we do.
- To provide physical and emotional support to patients and their families.

**Optim Surgery Center**  
210 E. DeRenne Avenue  
Savannah, GA 31405  
(912) 644-5272

At Optim Healthcare, we consider you a partner in your hospital care. We encourage respect for the personal preference and values of each individual; and hereby adopt the Bill of Rights and Responsibilities.

#### You Have the Right To:

1. Be treated with respect and kindness.
2. Appropriate and safe treatment for your health condition no matter what race, age, creed, gender, national origin, or source of payment for your care.
3. Be told about your medical condition, treatment, and outlook in terms that you can understand; in order to make an informed decision.
4. Make choices about your own care, including the right to request care.
5. Say no to care as allowed by law.
6. Have your family, your caregiver, or your personal physician notified of your admission to the hospital.
7. Make an Advance Directive, including a Living Will and/or a Power of Attorney for Healthcare. They will ask you about this when you are admitted. You also have the right for your caregivers to follow your Advance Directive.
8. Privacy of your medical records and details about your care.
9. Look at your medical records.
10. Personal privacy.
11. Safety while in the hospital and facts about the use of safety items.
12. Be free from restraints and seclusion.
13. Be free from all forms of abuse.
14. Know that the hospital will give you the best care it can. You may be asked to move to another hospital or place of treatment. If so, you will be told your choices and what could happen with those choices.
15. Be told about how to continue your care upon your discharge from the hospital.
16. Be told of the hospital's rules.
17. Receive a copy of your bill as permitted by law.
18. Be told how and to whom you may voice a complaint. At Optim Healthcare call the Compliance Officer Hotline 1-877-233-0377 at or the Office of Regulatory Services of DHR at 404-657-5726, or notify the Office of the Medicare Beneficiary Ombudsman at [www.Medicare.gov/Ombudsman/resources.asp](http://www.Medicare.gov/Ombudsman/resources.asp).
19. Appropriate assessment and treatment of pain.
20. Emotional and physical care that supports families and children. This includes care that supports the need of children to grow, play, and learn.

#### You Are Responsible For:

1. Letting the hospital know about any medicines you are taking at home, your medical history, and your present medical problems.
2. Giving the hospital a copy of your Advance Directive, if you have one.
3. Asking questions when you or your family do not understand what you have been told about your medical condition, your treatment, or what you should do to care for yourself.
4. Knowing and following hospital rules.
5. Participating in all decisions about your treatment. You are the center of the health care team.
6. Following instructions, including your plan of care as developed by you and your health care team. Your plan of care includes the effect of lifestyle on your health. You are also responsible for accepting the consequences of not getting treatment or not following the instructions of your caregivers.
7. Educating yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.
8. Asking a trusted family member or friend to be your advocate.
9. Showing respect toward other patients and the hospital staff. This includes treating hospital belongings with respect.
10. Paying your hospital bill. This includes giving the hospital correct information about your insurance or the way you will pay your bill\*\*.
11. Letting the hospital know of any suggestions you may have for improving the quality of care rendered to our patients.

These rights and responsibilities can and should be exercised on the patient's behalf by the patient, guardian, designated surrogate, or proxy decision-maker if the patient lacks decisionmaking capacity, is legally incompetent, or is a minor.

**\*\*You may also receive a separate bill from the surgeon, anesthesiologist, lab and/or radiologist.**

## Disclosure Of Financial Relationships

We believe you are entitled to make informed decisions regarding your medical care. To assist you in making an informed decision, we hereby notify you that Optim Healthcare meets the federal definition of a physician-owned hospital, pursuant to 42 C.F.R 439.20(u).

Alternative sources of the services for which you have been referred to this entity are as follows:

East Georgia Regional  
Medical Center  
1499 Fair Road  
Statesboro, GA 30458

Memorial Health University  
Medical Center  
4700 Waters Avenue  
Savannah, GA 31405

St. Joseph's/Candler  
Hospital System  
5353 Reynolds Street  
Savannah, GA 31405

## Physician Ownership Disclosure

Don G. Aaron, M.D.

James W. Dewberry, M.D.

John P. George, M.D.

Bradley A. Heiges, M.D.

John T. Hodges, M.D.

Charles A. Hope, M.D.

Juha I. Jaakkola, M.D.

S. Mark Kamaleson, M.D.

William E. Kropp, M.D.

Donald K. McCartney, M.D.

Christopher W. Nicholson, M.D.

David N. Palmer, M.D.

Benjamin D. Sutker, M.D.

Edward J. Whelan, III, M.D.

James W. Wilson, Jr., M.D.

Kent E. Woo, M.D.

## Where can I get forms for Advance Directives?

You can obtain Living Will and Durable Power of Attorney for Health Care forms by writing to the Medical Association of Georgia, the State Bar Association, the Georgia Hospital Association or your local hospital. If you plan to sign the document while receiving treatment at the hospital, you, or your family members will be responsible for assuring witnesses, other than hospital personnel, are present when you sign the documents, as required by law.

Georgia Hospital Association  
1675 Terrell Mill Road  
Marietta, GA 30367  
(404) 955-0324

State Bar of Georgia  
50 Hurt Plaza, Suite 800  
Atlanta, GA 30303-2934  
(404) 527-8700

Medical Association of Georgia  
938 Peachtree Street  
Atlanta, GA 30309  
(404) 876-7535

It is our policy, regardless of the contents of any advance directive that if an adverse event occurs during your treatment at this surgery department, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney.



**optimhealthcare**

*Doctor Led, Patient Focused*

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[www.optimhealth.com](http://www.optimhealth.com)