Advance Directives in Nebraska

An Advance Directive is a statement you make regarding the medical care you would like in a particular situation prior to actually needing the care. There are two different types of advance directives. The two most common are: Living Wills and Durable Power of Attorney for Healthcare. If you have an Advance Directive we would like to obtain a copy of that directive document prior to your procedure.

For more information about Advance Directives you can visit www.hhs.state.ne.us/ags/admdir.htm.

Patient Notice
Disclosure Of Ownership

LOC Surgery Center is privately owned by the following physicians:

Matthew C. Reckmeyer M.D. – NPI #1205801990
Douglas P. Tewes, M.D. – NPI #1891760591
Robert A Vande Guchte, M.D. – NPI #1902871692
Keith W. Lawson, M.D. – NPI #1639144314
Douglas A. Koch, M.D. – NPI #1245205947
Scott D. Bigelow, M.D. – NPI #1053339846
Nicholas K. Gove, M.D. – NPI #1023031341
Brandon M. Seifert, M.D. – NPI #1710162748
Jason P. Weber, M.D. – NPI #1699909119

All patients have the right to schedule their surgery at a hospital or an ambulatory surgery center of their choice.

6900 A Street
Lincoln, Nebraska 68510
402 436 2000
www.ortholinc.com
LOC Surgery Center
Patient Bill of Rights
The Surgery Center adopts and affirms as policy the following rights of patients/clients who receive services from our facility.

1. You have the right to have your surgery performed in a safe setting. We encourage you to let us know if you feel unsafe at any time during your visit.

2. Treatment without discrimination as to race, color, religion, sex, national origin, political belief, or handicap. It is our intention to treat each patient as a unique individual in a manner that recognizes their basic human rights. You should also be free from all forms of abuse and or harassment.

3. Considerate and respectful care including consideration of psychosocial, spiritual and cultural variables that influence the perceptions of illness.

4. Receive, upon request, the names of all personnel participating in your care.

5. Obtain from the person responsible for your health care complete and current information concerning your diagnosis, treatment, and expected outlook in terms you can be reasonably expected to understand. When it is not medically advisable to give such information to you, the information shall be made available to an appropriate person on your behalf.

6. Receive information necessary to give informed consent prior to the start of any procedure and/or treatment, except for emergency situations. This information shall include at a minimum an explanation of the specific procedure or treatment itself, its value and significant risks, and an explanation of other appropriate treatment methods if any.

7. The patient may elect to refuse treatment. In this event, the patient must be informed of the medical consequences of this action. In the case of a patient who is mentally incapable of making a rational decision, approval will be obtained from the guardian, next-of-kin, or other person legally entitled to give such approval. The Surgery Center will make every effort to inform the patient of alternative facilities for treatment if we are unable to provide the necessary treatment.

8. Upon request, the facility will assist you in formulating advance directives and appointing a surrogate to make health care decisions on your behalf, to the extent permitted by law. Access to health care at this facility will not be conditioned upon the existence of an advance directive.

9. Privacy to the extent consistent with adequate medical care. Case discussions, consultation, examination and treatment are confidential and should be conducted discreetly.

10. Privacy and confidentiality of all records pertaining to your treatment, except as otherwise provided by law or third party payment contract.

11. A reasonable response to your request for services customarily rendered by the facility, and consistent with your treatment.

12. Expect reasonable continuity of care and to be informed, by the person responsible for your health care, of possible continuing health care requirements following discharge, if any.

13. The identity, upon request, of all health care personnel and health care institutions authorized to assist in your treatment.

14. Refuse to participate in research. Human experimentation affecting care or treatment shall be performed only with your informed consent.

15. Upon request, examine and receive an explanation of your bill, regardless of sources of payment.

16. Know the facility's rules and regulations that apply to your conduct as a patient.

17. Any unanswered concerns on the part of patients or family related to ethical issues can, with sufficient notice, be referred to our Compliance Committee for advice.

18. For any questions, complaints, or concerns regarding our license as a surgery center you can contact: State of Nebraska, Division of Public Health/Licensure Unit, Administrator, 301 Centennial Mall South, Lincoln, NE 68509-4986, Phone: 402-471-3484.

19. To be notified of the website for the office of the Medicare Beneficiary Ombudsman: http://www.cms.hhs.gov/ombudsman/resources.asp.

20. Complaint or criticisms will not serve to compromise future access to care at this facility. Staff will gladly advise you of procedures for registering complaints.