



## TGH Surgery Center Brandon

<b>WHAT WE ARE:</b>	We are an outpatient surgical and procedural facility licensed in the State of Florida
<b>WHO WE ARE:</b>	We are partially owned by physicians who desired to provide a safe and comfortable medical facility that would provide efficient and effective services to patients.
<b>YOUR RIGHTS AS A PATIENT:</b>	You have the right to choose the provider and the facility for your health care services. You will not be treated differently by your physician if you obtain health care services at another facility.
<b>YOUR CHOICE:</b>	Your physician may have ownership interest in this facility. You have the right to know this, please ask for a list of physician investors. Discuss any questions or concerns with your surgeon, including whether to have your procedure at a different health care facility.
<b>CREDENTIALS:</b>	All of the physicians and anesthetists have been credentialed according to regulations and standards. Information is available upon request.
<b>PATIENT GRIEVANCE:</b>	You have the right to report any complaints or concerns in regard to care at our facility, either verbally or in writing, to our Administrator. Please let us know if you have a complaint or concern. You can ask any of our staff to help you contact the Administrator or you may call <b>(813) 660-6600</b> . All written complaints can be sent to the following address: The Surgery Center at TGH Brandon Healthplex, ATTN: Administrator, 10740 Palm River Rd., Suite 210, Tampa, FL 33619. All grievance allegations will be reviewed within <b>30</b> calendar days from the date of receipt of the grievance, and we will notify you and/or your representative, in writing, of the outcome of our review.
<b>ADVANCE DIRECTIVES:</b>	If you have an advance directive or living will and a medical emergency arises, we will transfer you to a nearby hospital. We will not follow do not resuscitate requests. Please discuss with your physician if you have questions. A hospital will make decisions about following any advance directive or living will or a request to not resuscitate should your heart stop or if you should stop breathing. You have a right to have your living will or advance directive information present in our medical record and to be informed of our policy prior to the procedure. State information and forms to prepare an advance directive or living will, if you decide to have one, can be found at the following web site: <a href="http://www.caringinfo.org/files/public/ad/Florida.pdf">http://www.caringinfo.org/files/public/ad/Florida.pdf</a>

**Please let us know if you have a complaint or concern by asking for the Administrator or call **(813) 660-6600**.**

Consumer Complaints can also be made at state and federal offices:

**Write AHCA:** Unit Manager, Complaint Administration Unit, Agency for Health Care Administration, 2727 Mahan Drive Tallahassee, FL 32308

**AHCA web site:** <https://apps.ahca.myflorida.com/hcfc/hcfc.aspx>

**Email:** [CAU@ahca.myflorida.com](mailto:CAU@ahca.myflorida.com)

**Call AHCA:** Complaint hotline at (888) 419-3456

**For Medicare** Office of the Medicare Ombudsman at <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>