WILSON SURGICENTER
CATARACT & INTRAOCULAR LENS SURGERY
4315 28TH STREET • LUBBOCK, TEXAS 79410 • (806) 792-2104

Effective Date 1-10-2025

Privacy Practices Policy, Patient Rights and Responsibilities, , Governing Law, Advanced Directives Policy, Grievance Remediation Program, Financial Policy, THCIC Program, and SMS Messaging

Notice of Privacy Practices

This Notice of Privacy Practices explains how we may use and share your protected health information for treatment, payment, health care operations, and as required by law. It also outlines your rights regarding your information. We are required by law to protect your privacy and follow the terms of this Notice. We may update this Notice at any time and will make the revised version available upon request.

Uses and Disclosures of Protected Health Information

We may use and share your health information for treatment, payment, and health care operations. This includes communicating with other providers involved in your care, billing your insurance, and running our practice efficiently. We may also share information with business associates who perform services for us under a written agreement to protect your privacy.

Other uses or disclosures will only be made with your written authorization, which you may revoke at any time. We may also share limited information with family or friends involved in your care, or as required by law, in emergencies, or to report abuse or public health risks.

Legal Duties

We are required by law to maintain the privacy of your health information, provide this Notice, and follow its terms. We must also notify you of any significant changes to our privacy practices.

Your Rights to Privacy Practices

You have the right to access, request corrections, and receive an accounting of disclosures of your health information. You may also request restrictions or alternative communication methods. You have the right to receive a paper copy upon written request. If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer Robin Williamson robinw@wilsurg.com or the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Patient Rights and Responsibilities

If a patient is adjudged incompetent under applicable Texas state laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under Texas law to act on the patient's behalf. If a Texas state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with Texas law may exercise the patient's rights to the extent allowed by law.

As a patient, you have the right to be free from all forms of abuse and harassment. You have the right to choose your physician and to receive care in a safe setting. You are entitled to receive from your physician current information, in language you can understand, about your illness, treatment, procedures, and expected outcomes before any treatment or procedures are performed. You have the right to make informed

decisions about your health care, including the right to refuse medical treatment, procedures, or other components of care, and to be informed of the medical consequences of such decisions.

All communications and records regarding your care will be treated as confidential. You have the right to personal privacy and to know the identity of the physician responsible for coordinating your care, as well as all other physicians and health care professionals involved in your care. You may agree to or refuse participation in any clinical research study or experiment related to your care or treatment. You are entitled to prompt and reasonable responses to your requests for service and to review your bill and discuss any questions about it. You may designate a legal representative or surrogate in accordance with Texas law to exercise your rights to the extent allowed under the law. You have the right to be free from any act of discrimination or reprisal and to voice grievances regarding treatment, care that is not furnished, or any abuse or harassment. Such grievances will be fully investigated by Wilson Surgicenter, as well as local, state, or federal authorities as appropriate. All complaints will be kept confidential, and anonymous complaints may also be registered.

Complaints may be reported to Robin Williamson at Wilson Surgicenter, 4315 28th Street, Lubbock, TX 79410, by phone at (806) 792-2104, or via email at robinw@wilsurg.com.

Complaints may also be submitted to any staff member or placed in the complaint box in the Surgicenter lobby. Even if a complaint has not been made directly to Wilson Surgicenter, patients may report concerns at any time to the Texas Department of State Health Services, Health Facility Compliance Group (MC1979), P.O. Box 149347, Austin, TX 78714-9347, Telephone (888) 973-0022, Fax (512) 834-6653, or to the Office of the Medicare Beneficiary Ombudsman at www.cms.hhs.gov/center/ombudsman.asp

As a patient, you also have the responsibility to fully participate in decisions regarding your own health care and to accept the consequences of these decisions if complications occur. You are expected to follow your doctor's instructions, communicate pertinent health information, and seek clarification if you do not fully understand your health problems or the proposed plan of care. You are responsible for respecting the rights of others and providing accurate information for insurance claims. You are responsible for paying your bills.

Governing Law

I (we), the patient or patient's representative and Dr. Reeves/Dr. Anderson, including the employees and agents of Patrick D. Reeves, M.D., P. A./ Wilson Surgicenter, rendering or providing medical care, health care, or safety or professional or administrative services directly related to health care to patient agree:

1. that all health care rendered shall be governed exclusively and only by Texas Law and in no event shall the law of any other state apply to any health care rendered to patient

2. in the event of a dispute, any lawsuit, action, or cause of which in any way relates to health care provided to the patient shall only be brought in a Texas Court in the county/district where all or substantially all of the health care was provided or rendered and in no event will any lawsuit, action or cause of action ever be brought in any other state. The choice of law and forum selection provision of this paragraph are mandatory and are not permissive.

Advanced Directives

Advanced Directives, such as DO NOT RESUSICITATE forms, are not honored in this facility. Should an emergency occur, you would be transferred by ambulance to the hospital.

Grievance Remediation Program

Any person may make a complaint at Wilson Surgicenter. A complaint is a verbal or written patient issue or problem that can be resolved at the time of the complaint and involves staff who are present (such as nurses, administration, receptionist or physicians) at the time of the complaint. Complaints typically involve minor issues that do not require investigation. The staff of Wilson Surgicenter wants to provide the best care possible for our Patients. Please ask a staff member for help if you have a complaint or concern. We are happy to assist you. You may give a "Verbal Complaint" to any of our staff at any time. If the staff member cannot immediately resolve your complaint for any reason, they must file a written grievance. You may also register a complaint or a grievance by using the "Complaints" box in the Wilson Surgicenter Lobby, by writing it on the Patient Survey form given to the patient after surgery, or by contacting the Administrator directly. You may ask to see the Administrator at any time. The Administrator's contact information is provided below.

Robin Williamson, 4315-28th Street, Lubbock, Texas 79410 (806)-559-3949 or (806)-792-2104 or robinw@wilsurg.com

A Grievance is a formal or informal written or verbal complaint that is made to Wilson Surgicenter by a patient, a patient's representative or surrogate, regarding a patient's care or lack of care (when such complaint is not resolved at the time of the complaint by the staff present). A written complaint is always considered a grievance. Emails or faxes are considered written complaints. Whenever a patient or a patient's representative or surrogate requests that his or her complaint be handles as a formal complaint or grievance, or when that patient requests a response from Wilson Surgicenter, the complaint is considered a grievance. Billing issues are not usually considered grievances. A complaint from someone other than a patient or a patient's representative or surrogate is not a grievance. A complaint that is presented to the staff and resolved at that time is not considered a grievance. If a patient care complaint cannot be resolved at the time of the complaint by the staff present, is postponed for later resolution, is referred to other staff for later resolution, requires investigation, and/or requires additional actions for resolution, the complaint is then considered a grievance.

Any allegation of mistreatment such as verbal, mental, physical or sexual abuse, neglect, or lack of compliance with Local, State, or Federal laws or regulations that endangers a patient is a "Mandated Grievance". Mandated Grievances must be reported immediately to the Administrator. The Administrator is responsible for notifying the Grievance Committee that same day, requiring a decision that the mandated grievance is substantiated or unsubstantiated within 72 hours of the complaint. If the Mandated Grievance is substantiated, Wilson Surgicenter shall notify the proper Local, State and/or Federal authorities within 10 days of the compliant. A patient, a patient's representative or surrogate filing a complaint or grievance may receive assistance from any other person or organization at any stage of the grievance process and use of the Patient Grievance Program does not limit the right of a patient, a patient's representative or Surrogate to seek

remedy for a complaint in the legal system. No person shall be punished or retaliated against for making a complaint or grievance.

If a patient, the patient's representative or surrogate files a grievance with Wilson Surgicenter, the Administrator will contact that person within three days. The Administrator shall take the grievance to the Patient Grievance Committee for investigation within 3 days of receipt of the grievance. The Grievance Committee shall investigate grievance and make a written notice either by letter or email of its decision within 7 days of the receipt of the grievance, unless the grievance involves complex issues, extensive investigation and/or the contributions of numerous individuals. In the event that the grievance investigation is so complex that it cannot be completed within 7 days, the Administrator shall send the patient an interim notice explaining that the grievance is being investigated and that the patient will receive a final written response in a time frame specified in the letter. The time frame shall be 30 days or less. The decision shall contain the Name and contact information of the Administrator, how the grievance was addressed, the steps taken to investigate the grievance, the result of the grievance process, and the date the grievance process was completed.

A patient, a patient's representative or surrogate has the right to forward their complaint or grievance to The Texas Department of Health Services at any time. You may contact Local, State and Federal authorities as follows:

Local: Texas Health and Human Services Commission Lubbock, 5806-34th Street, Lubbock, Texas 79407 Phone: (806)791-7502

State: Mailing Address: Health Facility Compliance Group (MC1979),Texas Department of State Health Services, PO Box 149347, Austin, Texas 78714-9347 Fax: (512)834-6653 Email: Health Facility Complaints Complaint Hotline: (888)973-0022

Federal: Medicare Ombudsman: h9p://www.cms.hhs.gov/center/ombudsman.asp

Financial Policy

THE SURGICENTER HAS PROVIDED YOU WITH AN ESTIMATE OF CHARGES FROM THE SURGICENTER FOR YOUR PROCEDURE. HOWEVER, THE ACTUAL CHARGES FROM THE SURGICENTER WILL VARY BASED ON YOUR MEDICAL CONDITION AND OTHER FACTORS ASSOCIATED WITH THE PERFORMANCE OF THE PROCEDURE.

THE ACTUAL CHARGES FOR THE SURGICAL PROCEDURE MAY DIFFER FROM THE AMOUNT TO BE PAID BY YOU OR YOUR THIRD-PARTY PAYOR. ANY FURTHER, YOU MAY BE PERSONALLY LIABLE FOR PAYMENT FOR THE SURGICAL PROCEDURE DEPENDING ON YOUR HEALTH BENEFIT COVERAGE.

IT IS YOUR RESPONSIBILITY TO CONTACT YOUR HEALTH BENEFIT PLAN FOR ACCURATE INFORMATION REGARDING THE PLAN STRUCTURE, BENEFIT COVERAGE, DEDUCTIBLES, COPAYMENTS, COINSURANCE, AND OTHER PLAN PROVISIONS THAT MAY IMPACT YOUR LIABILITY FOR PAYMENT FOR THE SURGICAL PROCEDURE.

A PHYSICIAN OR OTHER HEALTH CARE PROVIDER (SUCH AS A NURSE ANESTHETIST) THAT MAY PROVIDE SERVICES TO YOU WHILE YOU ARE A PATIENT IN WILSON SURGICENTER MAY NOT BE A PARTICIPATING PROVIDER WITH THE SAME THIRD-PARTY PAYORS AS WILSON SURGICENTER.

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Wilson Surgicenter has provided you with an itemized list of service fees for reference. If surgery is recommended that it will not be performed during your first appointment.

New Patient Office Visit	$200.00
Tests	
A-Scan/ Optical Biometry	$95.00
Cataract Extraction Surgery (Per Eye)	
Surgeon's Fee	$1,800.00 - $2,100.00
Facility Fee (for operating room)	$1,500.00
Anesthesia	$250.00 - $350.00
Pre-Op eye drops	$51.00 - $71.00
Lens Implant Options (Per Eye)	
Standard Lens Implant	Included with above
Astigmatism Premium Lens Implant	$1,500.00
Symfony Premium Lens Implant	$1,500.00
Yag Laser Capsulotomy (Per Eye)	
Yag Laser Capsulotomy	$500.00
Office Call	$200.00
Facility Fee	$450.00

Tests:
The A-scan/Optical Biometry is a test to measure the eye for a lens implant.
The Yag Laser is used to make an opening in a tissue in your eye, the posterior capsule, when the tissue becomes cloudy or wrinkled. This tissue is left intact during cataract extraction surgery to help the eye remain strong while it is healing, but sometimes months or years after your surgery, this tissue needs to be opened. The Yag Laser is not used to remove the cataract.

Payment is expected at the time of service, however, if you have the following:

- Traditional Medicare: patients are responsible for 20% and any un-met deductible.
- Medicare Advantage or Private Insurance:
- Office visits: Copays or whatever insurance requires.
- Surgery: Benefits will be checked, and we will let you know prior to surgery.

During cataract extraction surgery, your nurse anesthetist (CRNA) will be Mr. Gani Saculo. You will be billed for his service by his office.

Please note that the prices for our services as listed above are subject to change.

THCIC Program

Texas Dept. of State Health Services, Texas Healthcare Information Collection Program (THCIC)

THCIC Receives patient claim data regarding services performed by Wilson Surgicenter. The patients claim data is used to help improve the health of Texas, through various methods of research and analysis. Patient confidentiality is held to the highest standard, and your information is not subject to public disclosure. THCIC follows strict internal and external guidelines as outlined in Chapter 108 of the Texas Health and Safety Code and the HIPAA Act.

For further information regarding the data collected, please send all inquiries to:

Tarik Brown THCIC Dept. of State Health Services
Center for Health Statistics, MC 1898
PO Box 149347
Austin, Tx. 78714-9347
Publication Number 25-15087
Phone:512-776-7261 Fax: 512-776-7740
Email: thcichelp@dshs.texas.gov

Location
Moreton Building, M-660
1100 West 49th Street
Austin, TX 78756
Phone: 512-776-7261
Fax: 512-776-7740
Email: thcichelp@dshs.texas.gov

SMS Messaging Terms and Conditions

By providing your phone number, you consent to receive customer care messages from Patrick D. Reeves M.D., P.A. Operating as Wilson Surgicenter related to your care. Messages will be sent only as needed for your care. Message frequency may vary, but on average, you can expect 1-6 messages per month.

Message Types

- You will only receive **customer care-related messages**, including:
- Appointment reminders
- Surgery time reminders
- Other essential health-related communications (e.g., pre-operative instructions)

We will **not** send marketing or promotional messages.

Message Frequency

The frequency of messages may vary, but on average, you will receive **1-6 messages per month**. These messages are sent solely for the purposes mentioned above.

No Replies Monitored

- Our SMS system is **one-way only**.
- We do **not** monitor or respond to incoming messages.
- For questions, please contact us directly at 806-792-2104.

Opt-Out Instructions

- To opt out of receiving messages, reply STOP at any time.
- For help or more information, reply HELP.

Message and Data Rates

Standard message and data rates may apply, depending on your mobile carrier and plan.

Privacy and Security

We respect your privacy and will not share or sell your phone number. All communications will follow privacy guidelines in accordance with applicable laws.

SMS Help and Support

For assistance or questions about the SMS service, contact our office directly:

- **Phone**: 806-792-2104
- **Email**: info@wilsurg.com
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Messaging Privacy Policy

This Texting Privacy Policy explains how we collect, use, and protect your personal information when you sign up to receive SMS (Short Message Service) or MMS (Multimedia Message Service) messages from us. This policy is part of our overall Privacy Policy and Terms of Service.

Types of Messages We Send

- Surgery Appointment reminders or confirmations

We do not send personal health information (PHI) via SMS. Any sensitive clinical communication will occur through secure channels (e.g., patient portal, phone, or in person), in accordance with HIPAA regulations.

Your Consent and Opt-In

- You must provide a signature before receiving SMS or MMS messages from us. No mobile opt-in data will be shared with third parties. Effective Date 1-10-2025

Consent is not a condition of receiving treatment.

- All opt-ins are documented and timestamped to ensure compliance with federal laws (including **TCPA**) and industry guidelines (such as **CTIA** and carrier regulations).

Message Frequency and Costs

You may receive messages from us periodically, typically:

- **1–6 messages/month**, depending on appointments and office updates

Standard message and data rates may apply. Message frequency may vary.

Opt-Out and Help Options

You can opt out of receiving text messages at any time by replying:

- **STOP** – to unsubscribe from all messaging
- **HELP** – to get support or contact information

Data Collection and Use

We collect the following information for messaging purposes:

- Your mobile phone number
- Name and appointment information
- Communication logs (message sent/received timestamps, delivery confirmations)

We use this data solely to:

- Confirm and manage appointments

Data Sharing and Confidentiality

- We are committed to protecting your privacy and the confidentiality of your personal information. Your data will not be transferred to external organizations under any circumstances. All consumer data is handled and stored securely within our organization in accordance with applicable privacy regulations.

Security Measures

- We follow industry best practices and **HIPAA-compliant protocols** to safeguard your personal and contact information. However, please note that text messaging is **not a secure channel** for personal health information (PHI). We limit message content accordingly.

Contact Us

- If you have questions or concerns about this policy or your communication preferences, please contact us:
- Phone: 806-792-2104
  Email: info@wilsurg.com