



## ***PATIENT'S RIGHTS AND RESPONSIBILITIES***

This accredited ambulatory center presents a Patient's Bill of Rights and Patient Responsibilities with the expectation that they will contribute to more efficient care and greater satisfaction for the patient, family, physician and center organization. Patients shall have the following Rights and Responsibilities without regard to age, race, sex, religion, culture, physical handicap and personal values or beliefs.

### ***PATIENT'S RIGHTS***

You, the patient, have the right to accept or refuse medical care or treatment to the extent of the law. You will be informed of the medical consequences of such refusal. You are responsible for your actions should you refuse treatment or fail to follow your physician or surgery center's instructions. You will be requested to sign a release of responsibility form. If you refuse to sign a release of responsibility form, a registered letter will be sent to your current address on file.

You have the right to approve or refuse the release of your medical records to an individual outside the surgery center. The exceptions are in case of a transfer to another medical facility, required by law or third party payment contract (your insurance company).

You have the right to be informed of any human experimentation or other research/education projects affecting your care or treatment. You have the right to refuse participation in such experimentation or research without compromising the patient's usual care.

You have the right to be fully informed before transfer to another facility or organization.

The care rendered reflects consideration of you as an individual with personal values and belief system. You are allowed to express your spiritual beliefs and cultural practices that do not harm others or interfere with your planned/medical intervention.

Your designated representative has the right to participate in the consideration of ethical issues that arise during your care.

You will be treated with consideration, respect and full recognition of individuality, including privacy in treatment and care. The surgery center will keep records and all personal matters that relate to you confidential.

You will be provided with complete information, to the extent of the physician's knowledge, regarding diagnosis, treatment, and prognosis as well as alternative treatments or procedures and the possible risk and side effects associated with the treatment or procedure. You have the right to appropriate assessment and management of pain.

You or a designated representative will be fully informed of the services and provisions for after hours and emergency care available at the surgery center.

You have the right to information regarding fees, payment policies and may request an explanation of your bill regardless of the source of payment. You have the right to inquire about the professional status of individuals providing you care. You will receive the care needed to help you regain or maintain your maximum state of health. You have the right to know what facility rules and regulations apply to your conduct as a patient.

You have the right to present an Advance Directive, such as a living will healthcare proxy. A copy of any Advance Directive may be provided to the surgery center and physician. However, it is our policy for the staff to provide all lifesaving methods to any patient in an emergency situation.

### ***PATIENT'S RESPONSIBILITIES***

You have the responsibility to observe the rules and regulations of the center for your stay and treatment. If the instructions given by the surgery center staff are not followed, you may forfeit the right to care at the center and you will be responsible for your own outcomes. You are responsible for promptly fulfilling your financial obligation to the surgery center.

You have the responsibility to be considerate of other patients, families and personnel by assisting in the control of noise, smoking and other distractions. You and your family are expected to respect the property of others. You are responsible for reporting to the staff whether or not you understand the planned course of your treatment and what is expected of you.

You are responsible for notifying the center of your physician if you cannot keep your appointment.

You and your family are responsible for providing the caregivers with accurate and complete information regarding present conditions, past illnesses, hospitalizations, medications or any other pertinent medical history.

It is your responsibility to fully participate in decisions involving your care and to accept the consequences of these decisions. You are expected to follow up on your doctor's instructions, take medications when prescribed and ask questions concerning your health care that you feel are necessary.

### ***COMMENT POLICY STATEMENT***

The surgery center provides for and welcomes the expression of comments, concerns, criticism and suggestions by the patient and patient's family at all times. This feedback allows the center to understand and improve the patient's care and environment.

Every patient has the right to file a grievance with any staff member or facility's administrator. In the absence of the administrator the O.R. Coordinator will address the grievance/complaint.

The grievance process begins with the facility administrator. If the patient is still not satisfied, the grievance process is referred to the corporate compliance officer. At anytime, or in the event the problem is still not resolved, the patient has the right to file a complaint with the Texas Department of Health. You can direct your issue to the **Texas Department of State Health Services, Health Facility Licensing and Compliance Division, 1100 West 49th Street, Austin, Texas 78756, (888) 973-0022.**

**Website for Medicare Beneficiary Ombudsman:** <http://www.medicare.gov/ombudsman/activities.asp> The main goal of the surgery center is to provide excellent care to every patient. Every patient is encouraged to ask questions.