



PATIENTS' RIGHTS AND RESPONSIBILITIES

- Patients or patients representative/surrogate have the right to be informed of his/her rights in a manner he/she can understand and to exercise these rights without being subjected to discrimination or reprisal
- Patients have the right to participate and make decisions regarding care.
- Patients have the right to be informed whether the Center is participating in teaching programs, and to provide informed consent prior to being included in any clinical trials related to the patient's care.
- Patients have the right to care and treatment, in compliance with state statute, that is respectful, recognizes a person's dignity, cultural values and religious beliefs, and provides for personal privacy to the extent possible during the course of treatment.
- Patients have the right to register complaints with the Surgery Center and the Idaho Department of Health and Welfare, and to be informed of the procedures for registering complaints including contact information.
- Patients have the right to express grievances or complaints without fear of reprisals.
- Patients have the right to be free of all forms of abuse, harassment and neglect.
- Patients have the right to be free of the inappropriate use of restraints.
- Patients have the right to expect the care delivered is in accordance with their needs.
- Patients have the right to change their provider if other qualified providers are available.
- We follow the Health Insurance Portability and Accountability Act of 1996 (HIPPA). Under the HIPPA guidelines, patients are provided the appropriate privacy. Patients have the right to privacy of information given and services provided. Patients have the right to be informed of any person other than routine personnel that will be observing or participating in his/her treatment.
- Patients have the right for privacy and security individually identifiable health information. Personal disclosure and records are treated confidentially, and, except when required by law, patients are given the opportunity to approve or refuse their release.
- Patients have the right to know the person or person's responsibility for coordinating his/her care and the credentials of health care professionals.
- Patients are provided, to the degree known, complete information concerning their diagnosis, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Patients have the right to receive from his/her physician enough information so that he/she may understand the procedure or treatment being received in order to sign informed consent.
- Patients have the right to refuse any drug, test, procedure or treatment and to be informed of the consequences of his/her actions.
- Patients are given the opportunity to participate in the decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Patients have the right for information regarding advanced directives as required by state or federal law and regulations.
- Patients have the right to be informed of the mechanism for continued health care following discharge from the Surgery Center.
- Patients have the right to examine and receive an itemized explanation of his/her statement of charges regardless of the source of payment.
- Patients have the right to know in advance the expected estimated amount of his/her charges and billing procedures.
- Patients have the right to expect that they shall only be accepted for care when the Surgery Center can meet their identified and reasonable care, treatment and service needs.
- Patients have the right to receive care in a safe setting.
- Patients have a right to disclosure as to whether referrals to other providers or entities in which the Surgery Center has a financial interest.
- Patients have the right to know the services available at the Surgery Center.
- Patients have the right to know provisions for after- hours care and emergency care.

- Patients have the right to information concerning the institution to which he/she may be transferred should an emergency occur.
- Patients have the right if adjudged incompetent, to have rights exercised by a person appointed under State law in accordance with State law to the extent allowed by State law.
- Patients/Patients Representative/Patients Surrogate have the right prior to the start of the surgical procedure to receive verbal and written notice in a language and manner that they understand all patients rights.
- Marketing or advertising regarding the competency and capabilities of the Surgery Center are not misleading.
- Patients have the right to a fair and efficient process for resolving differences with their health plans, healthcare providers, and the institutions that serve them. Please address complaints to:
Contact info:
 - **Pleasant View Surgery Center Administrator, 4171 W. Expo Parkway, Post Falls, ID 83854, (208) 262-3823**
 - **Idaho Department of Health and Welfare, Bureau of Facility Standards, PO Box 83720, Boise, ID 83720-0036, (208) 334-6626, Option 5**
 - **Medicare Ombudsman websire-www.medicare.gov/Ombudsman/resources.asp**
 - **Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)**
- Patients' Rights and Responsibilities were established with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, family, physicians and the facility caring for the patient. Patients shall have these rights regardless of age, race, sex, national origin, religion, culture, personal values or belief systems.

B. PATIENT RESPONSIBILITIES

It is the patient's responsibility

- To read and understand all permits and/or consents you sign. If you do not understand your consent, it is your responsibility to ask the nurse or physician for clarification. If you do not understand the Financial Agreement, it is your responsibility to ask the Business Office Representative for clarification.

It is the patient's responsibility

- To provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.

It is the patient's responsibility

- To read carefully and follow any pre-operative written or oral instructions your physician or the Surgery Center has given and to notify your physician or the Surgery Center if you have not followed the pre-operative instructions.

It is the patient's responsibility

- To inform his/her provider about any living will, medical power of attorney or other directive that could affect his/her care.

It is the patient's responsibility

- To provide an adult to transport you home after the surgery if you have received medications and/or anesthesia.

It is the patient's responsibility

- To provide for someone to be responsible for your care for the first 24 hours after your procedure.

It is the patient's responsibility

- To follow carefully any written or verbal postoperative instructions from your physician(s) or nurse. This includes keeping any scheduled postoperative appointments with your physician.

It is the patient's responsibility

- To contact your physician regarding any post-operative question, problem, or complication.

It is the patient's responsibility

- To assure your financial obligations for services are fulfilled as promptly as possible and to assume ultimate responsibility for payment regardless of insurance coverage.

It is the patient's responsibility

- To notify the Administrator or Medical Director if you feel any rights have been violated or if you have a complaint, or suggestion for improvement. This can be accomplished by completing and returning your patient questionnaire or by direct contact.

It is the patient's responsibility

- To be respectful of all the health care providers and staff, as well as other patients.

I, _____, acknowledge I have been provided a copy of my patient rights and responsibilities.

Patient Signature: _____

Date: _____

Time: _____