

Patient Bill of Rights and Responsibilities

THE FOLLOWING STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES IS PRESENT AS THE POLICY FOR CENTER, BUT DOES NOT PRESUME TO BE A COMPLETE REPRESENTATION OF ALL MUTUAL RIGHTS AND RESPONSIBILITIES.

Patient Rights:

1. To reasonable access to the medical resources at Center without regard to race color, national origin, age, sex, disability or financial status.
2. To receive considerate, respectful, and compassionate care.
3. To be informed about and to participate in decisions regarding your care including the refusal of treatment.
4. To be involved in all aspects of care, and to be allowed to participate in that care.
5. To information about advance directives that would allow you to make your own healthcare decisions for the future and to have your chosen representative exercise these rights for you if you are not able to do so.
6. To be assured that our provision of care for you will not be conditioned on your advance directives.
7. To refuse treatment to the extent permitted by law and to be informed of the medical consequences of your actions.
8. To have clinical and educational information about your treatment in language and terms that you understand.
9. To voice complaints about your care, and to have those complaints reviewed and, when possible, resolved.
10. To have access to organizational leaders if an ethical, cultural or spiritual dilemma presents itself.
11. To information about any research activities that involve your treatment, including benefits and risks, procedures involved, and alternative treatments.
12. To security, privacy, and confidentiality in all patient care areas as you undergo tests or treatment.
13. To know who is responsible for providing your immediate, direct care.
14. To information about the financial aspects of services and alternative choices.
15. To be supported in accessing protective services when requested.
16. To unrestricted communication unless restrictions are a part of your treatment. Any restrictions will be explained to you and will be reviewed as your treatment changes.

Patient Responsibilities:

1. To give your doctor and the Center staff complete and accurate information about your condition and care, including the reporting of unexpected changes in your condition to your physician and nurse.
2. To follow the orders and instructions given by your doctor and instructions given by the staff for your care, including keeping follow-up appointments after discharge.
3. To give your doctor and the Center staff complete and accurate information about your condition and care, including the reporting of unexpected changes in your condition to your physician and nurse.
4. To follow the orders and instructions given by your doctor and instructions given by the staff for your care, including keeping follow-up appointments after discharge.

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5. To give your doctor and the Center staff complete and accurate information about your condition and care, including the reporting of unexpected changes in your condition to your physician and nurse.

6. To follow the orders and instructions given by your doctor and instructions given by the staff for your care, including keeping follow-up appointments after discharge.
7. To report unexpected changes in your condition to your physician and nurse.
8. To bring a current copy of your advance directives to be placed in your medical record prior to the time of your admission.
9. To accept responsibility for refusing treatment.
10. To show consideration for other patients by following all rules and regulations pertaining to smoking, visitors, noise and general conduct.
11. To accept financial obligations associated with your care.
12. To be considerate of staff members who are caring for you. A mutual spirit of respect and cooperation allows us to serve you best.
13. To advise your nurse, physician, caregiver and/or the business office staff of any dissatisfaction you may have regarding your care.

Patient Satisfaction:

- Assessment of patient/family satisfaction is most important to us. A patient satisfaction evaluation is given to all patients at discharge. Every attempt is made by the nurse to contact each patient within 24-48 hours after discharge.
- Please let us know how we can improve our service to you.

Voicing Complaints:

All patient complaints will be investigated. If you have a complaint concerning quality of care, you can contact the Administrator, Spencer Jones, at (480) 899-2571.

The state reporting agency is:

The Department of Health Services (602)-364-3030

<http://www.medicare.gov/claims-andappeals/medicare-rights/get-help/ombudsman.html>

Medicare Ombudsman (415)744-3696

www.cms.hhs.gov/center/ombudsman.asp

AAAHC (Credentialing Organization):

WWW.AAAHC.ORG 1-847-853-6060

You have the option of proceeding with care at our facility or having the procedure at another location that may not set the same limitation as above. Having been fully informed of our Statement of Limitations, you choose to proceed with your procedure at Warner Park Surgery Center by signing below:

_____/____/____
Patient Signature or Representative Date