

Patient Rights and Responsibilities

This facility and medical staff have adopted the following list of patient rights and responsibilities. This list includes, but is not limited to:

PATIENT RIGHTS

- Impartial treatment without regard to race, color, sex, national origin, religion, sexual orientation, handicap or disability.
- To be free from acts of discrimination or reprisal, to be treated with dignity and respect, to receive secure and safe care and to be protected from abuse, harassment and neglect and have knowledge of and access to protective services.
- Knowledge of the name and professional status of those caring for you.
- To receive information from the surgeons about your diagnosis, treatment plan, prognosis, and any unanticipated outcomes, to the best of the physicians' knowledge. You have the right to be informed and agree to your care. You have the right to spiritual care and communication and if communication restrictions are necessary for your care and safety, we will document and explain the restrictions to you or your family.
- To participate actively in decisions regarding your medical care including being involved in resolving problems and unanticipated outcomes related to you your care. Families will have input in care decisions in accordance with legal directives and court orders. To the extent permitted by law, this includes the right to refuse treatment. If the patient is adjudged incompetent or the patient has designated a legal representative or a family member, the person appointed/designated shall fully participate in decisions regarding the patient's care.
- Full consideration of privacy concerning your medical care program. Case discussion, examination and treatment are confidential and should be conducted as discretely as possible.
- To be asked if you have an Advance Directive and if so, for it to be prominently placed in your chart.
- To be advised that should an unexpected life threatening event occur, you will receive resuscitative or other stabilizing measures and be transferred to an acute facility that will order additional treatment according to your wishes in your Advance Directive.
- Confidential treatment of all communications and records pertaining to care. Written permission shall be obtained before medical records can be made available to anyone not directly concerned with your care.
- Responsible responses to any reasonable request for service.
- To leave the facility even against medical advice and to change providers if another qualified provider is available.
- To expect reasonable continuity of care.
- To be advised if the physician proposes to engage in or perform experimentation affecting your care or treatment and the right to refuse to participate in this activity without hindering access to care.
- To be informed of the continuing health care requirements following discharge from the center.
- Examine and receive an explanation of a bill for service, regardless of source of payment.
- To report any comments or complaints concerning the quality of care provided to you and for the facility to provide a prompt resolution within fourteen (14) business days to your comment or complaint. In the event, after reasonable attempts have been made, that a resolution is not achieved within fourteen (14) business days, then you will be notified when you can expect a resolution.

PATIENT RESPONSIBILITIES

- To provide accurate and complete information concerning your present complaints, past medical history and other matters relating to your health.
- To make it known whether you clearly comprehend the course of treatment and what is expected of you.
- For following the treatment plan established by the physician, including the instructions of nurses and other health care professional as they carry out the physicians' orders.
- To keep your appointments and notifying the facility if unable to do so.
- To provide a responsible adult to drive you home from the facility and stay with you for 24 hours after surgery.
- For assuring that the financial obligations of your care is fulfilled as promptly as possible.
- For being considerate of the rights of other patients and facility personnel.

FEEDBACK

Our goal is to provide the best surgical experience possible while in our Ambulatory Surgery Center. Patients, clients, families or visitors have the right to express complaints or concerns about any aspects of their care or experience with our ASC without fear of discrimination or reprisal. Please be assured that expressing a complaint or concern will not compromise your care and will be addressed according to our policy. Concerns may be directed to any facility staff or the ASC Manager, or you may mail your comments to us. If you feel it is necessary, complaints may also be shared with: WASHINGTON STATE DEPARTMENT of HEALTH, HSQA COMPLAINT INTAKE, P.O. BOX 47857, OLYMPIA, WA 98504-7857, 360-236-4700, 1-800-633-6828, 360-236-2626(fax) HSQAComplaintIntake@doh.wa.gov or OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN, 1-800-MEDICARE (1-800-633-4227), www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html.