

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient, you have the right to:

- Become informed of his or her rights as a patient in advance of, or when discontinuing, the provision of care. The patient may appoint a representative to receive this information should he or she so desire.
- Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care and without being subjected to reprisal.
- Considerate and respectful care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- Appropriate assessment and management of pain.
- Remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Knowledge of physician financial interests or ownership in the ASC in writing in advance of the date of the procedure.
- Receive information from his/her physician about his/her illness, course of treatment, outcomes of care (including unanticipated outcomes), and his/her prospects for recovery in terms that he/she can understand.
- Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.
- Receive information concerning the ASC's policies on advanced directives.
- Participate in the development and implementation of his or her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- Privacy and access of medical information as described in Mallard Creek Surgery Center's Notice of Privacy Practices. The privacy officer for the center is the ASC Administrator.
- Receive information in a manner that he/she understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and, as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment.
- Access information contained in his or her medical record within a reasonable time frame.
- Be advised of the facility's grievance process, should he or she wish to communicate a concern regarding the quality of the care he or she receives. Notification of the grievance process includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the facility's contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance process, and the grievance completion date.
- Full support and respect of all patient rights should the patient choose to participate in research, investigation and/or clinical trials. This includes the patient's right to a full informed consent process as it relates to the research, investigation and/or clinical trial. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s).
- Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the facility.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- Change providers if other qualified providers are available.
- Voice complaints/grievances without intimidation or fear of discrimination and reprisals.

As a patient, you have the 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.
- Follow the treatment plan prescribed by his/her provider and participate in his/her care
- Provide a responsible adult who is required to be present throughout the entire procedure, to transport him/her home from facility, and remain with him/her for 24 hours, if required by his/her provider.
- Accept personal financial responsibility for any charges not covered by his/her insurance. Any patient who fails to arrive for a scheduled surgical procedure may be billed a \$250 No-Show Fee if not cancelled 24hrs in advance. This does not apply to Medicare, Medicaid, or Worker's Compensation.
- Be respectful of all the health care professionals and staff, as well as other patients.

All facility personnel, medical staff members, and contracted agency personnel performing patient care activities shall observe these patients' rights.

COMPLAINTS MAY BE MADE TO THE FOLLOWING:

Susan Deal BSN RN, Facility Administrator ♦ 704-548-5200

Medicare--The Medicare Beneficiary Ombudsman. Centers for Medicare & Medicaid Services
7500 Security Boulevard ♦ Baltimore, MD 21244-1850 ♦ 1-800-MEDICARE or 1-800-633-4227
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

The North Carolina Division of Health Services Regulations Complaint Unit - Office of Investigations
Section Chief: Azzie Conley
2711 Mail Service Center ♦ Raleigh, NC 27699-2711 ♦ 1-800-624-3004 ♦ Fax: 919-715-7724