

PATIENT RIGHTS

- Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care.
- Be treated with consideration, respect, and full recognition of the patient's dignity and individuality.
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment. Including, but not limited to chemical, physical, and psychological abuse and/or neglect.
- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
- Receive notice of patient rights prior to surgical procedure in verbal and written notice in a language and manner that ensures the patient, patient's representative or patient's surrogate understand all of the patient's rights.
- Expect personnel who care for the patient to be friendly, considerate, and respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of service.
- Be fully informed of the scope of services available at the facility, provisions for after-hours care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative, patient's surrogate, or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse or withdraw consent for treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions including refusal of treatment or not following the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Express grievances/complaints and suggestions at any time.
- Access to and/or copies of his/her medical records.
- Be informed as to the facility's policy regarding advance directives/living wills.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English.

- Have an assessment and regular assessment of pain.
- Education of patients and families, when appropriate, regarding their roles in managing pain.
- To change providers if other qualified providers are available.
- If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
- If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state laws may exercise the patient's rights to the extent allowed by state law.

PATIENT RESPONSIBILITIES

- Be considerate of other patients and personnel and for assisting in the control of noise, eating and other distractions.
- Respect the property of others and the facility.
- Report whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Keep appointments and, when unable to do so for any reason, notify the facility and physician.
- Provide care givers with the most accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, unexpected changes in the patient's condition, allergies or sensitivities or any other patient health matters.
- Be responsible for his/her actions if he/she refuses treatment or does not follow the physician's instructions.
- Provide a responsible adult to transport him or her home from the facility and remain with him or her for 24 hours, if required by his/her provider.
- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeit of care at the facility.
- Promptly fulfill his or her financial obligations to the facility.
- Identify any patient safety concerns.

ADVANCE DIRECTIVE NOTIFICATION

The patient's physician, anesthesiologist, and nursing caregiver(s) will acknowledge the patient's Advance Directive and discuss options for care and goals and objectives of the proposed outpatient procedure. Patients with directives for end of life measures may present for procedures for palliative care (pain management, feeding tube placement, etc.) to preserve life or procedures unrelated to end-of-life decisions (bunions, pain management procedures, etc.) necessitating a clear understanding of the ambulatory experience as it relates to the patient's wishes . Advance Directives will be honored to the maximum extent possible as decided by the physician and patient and allowable by law. Do Not Resuscitate (DNR) orders in the ambulatory, elective setting are typically not honored due to the elective nature and patients' choice for treatment. Generally, measures will be taken to prevent loss of life until transfer to a higher level of care facility. The health care team and patient, or patient surrogate, will determine the level of care provided for each phase of the surgical procedure.

You have the option of proceeding with care at our facility or having the procedure at another location that may not set the same limitations. Having been fully informed of our Statement of Limitations, you choose to proceed with your procedure at Surgery Center of Peoria.

Patient Signature _____ Date _____

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at (623)993-2900 or by mail at:

**Surgery Center of Peoria
Kolette Al-Jamal
13260 N. 94th Drive, Suite 200
Peoria, AZ 85381**

Complaints and grievances may also be filed through:

**Arizona Department of Health Services – Licensing Division
150 N. 18th Avenue
Phoenix, AZ 85007
(602)364-2653**

Medicare beneficiaries may receive information regarding their options under Medicare and their rights and protections by visiting the website for the Office of the Medicare Beneficiary Ombudsman at:
www.cms.hhs.gov/center/ombudsman.asp

The Surgery Center of Peoria is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Comments, complaints, or suggestions may also be provided to:

**AAAHC
5250 Old Orchard Road, Suite 200
Skokie, IL 60077
(847)853-6060**