

THE RIGHTS OF OUR PATIENTS AND THEIR RESPONSIBILITIES

1. OUR PATIENTS WILL BE TREATED WITH **RESPECT, CONSIDERATION, AND DIGNITY.**
2. OUR PATIENTS WILL ALWAYS BE HONORED WITH PRIVACY BOTH OF MEDICAL INFORMATION AS WELL AS THE MEDICAL CARE PROVIDED. CURTAINS PROTECTING YOUR PRIVACY ARE PROVIDED IN THE PATIENT CARE AREAS. IF YOU CHOOSE, ADDITIONAL PATIENT GOWNS ARE AVAILABLE IN ORDER TO PROTECT THE EXPOSURE OF YOUR BACKSIDE.
3. WHEN REQUIRED TO DO SO BY LAW, WE WILL RELEASE YOUR MEDICAL RECORDS. HOWEVER, ALL OTHER TIMES THE RELEASE OF YOUR MEDICAL INFORMATION WILL BE ONLY AT YOUR APPROVAL.
4. WE WILL ALWAYS PROVIDE TO YOU COMPLETE INFORMATION CONCERNING YOUR DIAGNOSIS, EVALUATIONS, TREATMENTS, AND PROGNOSIS. WHEN IT IS MEDICALLY INADVISABLE TO GIVE THIS INFORMATION TO YOU AS OUR PATIENT, WE WILL THEN PROVIDE THIS INFORMATION TO ONE AS DESIGNATED BY EITHER THE COURTS OR BY YOURSELF.
5. UNLESS IT IS CONTRAINDICATED FOR MEDICAL REASONS, WE WILL ALWAYS PROVIDE TO YOU THE OPPORTUNITY TO BECOME INVOLVED IN YOUR OWN HEALTH CARE DECISIONS.
6. EVEN THOUGH THIS FACILITY DOES NOT HONOR **ADVANCED DIRECTIVES**, YOU DO HAVE THE RIGHT TO PROVIDE US ONE THAT YOU HAVE EXECUTED FOR THE PURPOSE OF US PROVIDING THIS TO ANY ACUTE CARE SETTING IN WHICH YOU WOULD BE TRANSFERRED TO IN THE EVENT THAT A HIGHER LEVEL OF CARE WERE TO BE NEEDED.
7. YOU HAVE THE RIGHT TO KNOW IN ADVANCE THAT THIS FACILITY DOES NOT PROVIDE EMERGENCY CARE OR AFTER HOURS CARE. YOU SHOULD CONTACT YOUR SURGEON FOR NON-URGENT MATTERS AND FOR EMERGENCY RELATED MATTERS, YOU SHOULD CALL THE 9-1-1 EMERGENCY PHONE LINE AND/OR BE TAKEN TO THE NEAREST EMERGENCY ROOM DEPARTMENT.
8. YOU HAVE THE RIGHT TO KNOW IN ADVANCE, THE COST OF THE SERVICES SHOULD YOU BE A CASH PAYER. IF YOU HAVE PRIVATE INSURANCE, THE INSURANCE COMPANY WILL BE BILLED AND YOU WILL BE RESPONSIBLE FOR ANY AND ALL BALANCES DUE. YOU HAVE THE RIGHT TO REQUEST SPECIAL PAYMENT PLANS, BUT THIS SHOULD BE DONE PRIOR TO THE DAY OF SURGERY.
9. YOU HAVE THE RIGHT NOT TO PARTICIPATE IN ANY TYPE OF RESEARCH BEING CONDUCTED HERE AT THIS FACILITY.
10. YOU HAVE THE RIGHT TO KNOW CREDENTIALS OF ANY PHYSICIAN OR NON-PHYSICIAN IN WHOM PROVIDES CARE TO YOU WHILE YOU ARE HERE AT THIS SURGERY CENTER.
11. YOU HAVE THE RIGHT TO HAVE THIS LIST OF RIGHTS PRIOR TO HAVING ANY TYPE OF SURGICAL PROCEDURE.
12. YOU MAY, AT YOUR OWN WILL, DECIDE TO CHANGE PROVIDERS AT ANY TIME. HOWEVER, THIS MAY CAUSE THE PROCEDURE TO BE RESCHEDULED OR CANCELLED DEPENDING ON THE AVAILABILITY OF THE NEW PROVIDER YOU CHOOSE.
13. WE HAVE THE RIGHT TO ASK THAT YOU PROVIDE TO US COMPLETE AND ACCURATE INFORMATION REGARDING YOUR MEDICAL HISTORY AND MEDICATIONS. OVER THE COUNTER MEDICATIONS ARE ALSO TO BE NOTED AS PART OF YOUR MEDICATION HISTORY.
14. YOU MUST DISCLOSE TO US ANY KNOWN ALLERGIES OR SENSITIVITIES YOU MAY HAVE TO MEDICATIONS AS WELL AS FOODS AND OR OTHER SUBSTANCES.
15. YOU MUST FOLLOW THE TREATMENT PLAN AS DESCRIBED BY YOUR PROVIDER.
16. IN ORDER TO HAVE SURGERY AT THIS FACILITY, YOU MUST ASSURE US THAT YOU HAVE APPROPRIATE CARE AND SUPERVISION FOR A MINIMUM OF 24 HOURS AFTER YOU ARRIVE HOME.
17. YOU MUST BE WILLING TO ACCEPT THE FINANCIAL RESPONSIBILITIES OF ANY BALANCES DUE THAT REMAIN AFTER THE INSURANCE COMPANY HAS MADE THEIR PAYMENTS TO YOUR OUTSTANDING CLAIMS.
18. WE ASK THAT YOU BE RESPECTFUL OF OTHERS TO INCLUDE OTHER PATIENTS, OUR EMPLOYEES, AND YOUR PHYSICIANS.
19. IF YOUR PHYSICIAN WERE NOT TO HAVE CURRENT MALPRACTICE COVERAGE, IT IS OUR RESPONSIBILITY TO ENSURE THAT YOU ARE AWARE OF THIS PRIOR TO YOUR SURGICAL PROCEDURE.
20. YOU HAVE THE RIGHT TO ASK FOR AN INTERPRETER IF YOU FEEL A LANGUAGE BARRIER IS CAUSING YOU TO HAVE LESS THAN ANYTHING OTHER THAN A TOTAL UNDERSTANDING OF THESE RIGHTS AND RESPONSIBILITIES.
21. WE GUARANTEE THAT IN NO WAY HAVE WE ADVERTISED OR ATTEMPTED TO ADVERTISE ANY FORM OF MEDICAL CARE THAT WE ARE NOT QUALIFIED TO DELIVER.
22. YOU HAVE THE RIGHT TO KNOW IF YOUR PHYSICIAN HAS ANY FINANCIAL INTEREST IN THIS FACILITY OR IN THE DEVICES, INSTRUMENTS, OR MEDICATIONS HE USES ON YOU WHILE YOU ARE HERE AT THIS FACILITY. THIS SHOULD OCCUR DURING YOUR VISIT WITH HIM/HER AT THEIR PRIVATE OFFICES. HOWEVER, IF IT DOES NOT OCCUR AT THAT TIME, THEN AT THIS TIME DURING YOUR PRE-OPERATIVE PORTION OF YOUR VISIT, IT SHOULD BE MADE KNOWN TO YOU, IF APPLICABLE.
23. YOU HAVE THE RIGHT TO RECEIVE A SATISFACTION SURVEY IN ORDER TO RATE OUR QUALITY OF CARE WE PROVIDED TO YOU. SHOULD YOU NOT RECEIVE THIS SURVEY AT THE TIME OF DISCHARGE, PLEASE CALL THE SURGERY CENTER AND ASK TO SPEAK TO THE MANAGER IN ORDER FOR US TO ENSURE YOUR RECEIPT OF ANOTHER SURVEY.
24. BECAUSE YOUR CONCERNS REGARDING YOUR CARE AND THE QUALITY OF CARE YOU RECEIVE WHILE HERE AT THIS FACILITY ARE SO IMPORTANT TO US, WE INVITE YOU TO VOICE CONCERNS, COMPLAINTS, AND OR GRIEVANCES YOU MAY HAVE BY CONTACTING OUR ACCREDITING BODY AT WWW.AAAASF.ORG

