

## 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, handicap or disability.
- Considerate and respectful care at all times and under all circumstances
- Knowledge of the name and professional status of those caring for you.
- To receive information from the surgeons about your diagnosis, treatment plan and prognosis to the best of the physicians' knowledge.
- To participate actively in decisions regarding your medical care. To the extent permitted by law, this includes the right to refuse treatment.
- Full consideration of privacy concerning your medical care program. Case discussion, examination and treatment are confidential and should be conducted discretely.
- To be informed that Advanced Directives cannot be honored at this facility and to be advised that should an unexpected life threatening event occur the patient will be transferred to a facility that will honor this 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.
- 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.
- 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 concerning the quality of care provided to you and expect follow-up on your comments.

### PATIENT RESPONSIBILITIES

- To provide accurate and complete information concerning his/her present complaints, past medical history and other matters relating to their health.
- To notify us of the existence of an Advanced Directive (e.g. a living will) as those cannot be honored at this facility.
- To make it known whether he/she clearly comprehends the course of treatment and what is expected of him/her.
- 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.
- For keeping his/her appointment and notifying the facility if unable to do so.
- To provide a responsible adult to drive them home and stay with them 24 hours after surgery.
- For assuring that the financial obligations of their 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. 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: **MARY SELECKY, SECRETARY OF HEALTH, WASHINGTON STATE DEPARTMENT OF HEALTH, HEALTH SYSTEMS QUALITY ASSURANCE, COMPLAINT INTAKE, 310 ISRAEL ROAD SE, P.O. BOX 47857, OLYMPIA, WA 98504-7857, 360-236-4700, [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)** or **OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN, OFFICE OF THE REGIONAL ADMINISTRATOR, DIVISION OF SURVEY AND CERTIFICATION OPERATIONS, CHRIS MARTIN, BRANCH MANAGER, 2201 6<sup>TH</sup> AVENUE, SUITE 801, SEATTLE, WA 98121, 206-615-2313, 1-800-MEDICARE (1-800-633-4227), 1-877-486-2048 (TTY), [www.medicare.gov](http://www.medicare.gov)**



## **STATEMENT OF PHYSICIAN FINANCIAL INTERESTS OR OWNERSHIP**

**Your physician has an ownership interest in Proliance Surgeons, Inc., P.S. which includes the surgery center at which you are having your procedure. As with all of your care, you may request to have your procedure performed at another facility where your surgeon has privileges to practice.**