

PATIENT RIGHTS

- A patient is treated with dignity, respect, and consideration;
- A patient is not subjected to:
 - Abuse;
 - Neglect;
 - Exploitation;
 - Coercion;
 - Manipulation;
 - Sexual abuse;
 - Sexual assault;
 - Seclusion;
 - Restraint;
- Retaliation for submitting a complaint to the Department or another entity; or
- Misappropriation of personal and private property by the outpatient surgical center's medical staff, personnel members, employees, volunteers, or students; and
- A patient or the patient's representative:
 - Except in an emergency, either consents to or refuses treatment;
 - May refuse or withdraw consent for treatment before treatment is initiated;
 - Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and the associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
- Is informed of the following:
 - Policies and procedures on health care directives, and
 - The patient complaint process;
 - Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient surgical center for identification and administrative purposes; and
- Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - Medical record, or financial records.
- A patient has the following rights:
 - Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
 - To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
 - To receive privacy in treatment and care for personal needs;
 - To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
 - To receive a referral to another health care institution if the outpatient surgical center is not authorized or not able to provide physical health services needed by the patient;
 - To participate, or have the patient's representative participate, in the development of or decisions concerning treatment;
 - To participate or refuse to participate in research or experimental treatment; and
 - To receive assistance from a family member, a patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

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 Desert Ridge Outpatient Surgery Center.

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 (480)502-4000 or by mail at:

**Desert Ridge Outpatient Surgery Center
Administrator
20940 North Tatum Boulevard Suite 100
Phoenix, Arizona, 85050**

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: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Desert Ridge Outpatient Surgery Center 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**