

CENTER FOR ADVANCED SURGERY Patient Bill of Rights and Responsibilities

THE FOLLOWING STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES IS PRESENT AS THE POLICY FOR CENTER, BUT DOES NOT PRESUME TO BE A COMPLETE REPRESENTATION OF ALL MUTUAL RIGHTS AND RESPONSIBILITIES.

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.
 - To review latest accreditation survey, licensing/deemed status survey results upon request.

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.

Patient Responsibilities con't:

- 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.

Patient Satisfaction:

- ☐ Assessment of patient/family satisfaction is most important to us. A patient satisfaction evaluation is given to all patients at discharge. Every attempt is made by the nurse to contact each patient within 24-48 hours after discharge.
- ☐ Please let us know how we can improve our service to you.

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at (480)899-2571 or by mail at:

Center for Advanced Surgery 3367 South Mercy Road, Suite 101, Gilbert, AZ 85297

Complaints and grievances may also be filed through:

Arizona Department of Health Services Division of Assurance & Licensure Services 150 N. 18th Avenue, Suite 450, Phoenix, AZ 85007-3245 (602) 364-3030

https://app3.azdhs.gov/PROD-AZHSComplaint-UI/Complaint/CreateComplaint?bureau=Medical&subbureau=MedicalOutpatientSurgeryCenters

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:

 $http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/om\ budsman.html$

The Center for Advanced Surgery 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

You have the option of proceeding with care at out facility or having the procedure at another location that may not set the same limitation as above. Having been fully informed of our Statement of Limitations, you choose to proceed with your procedure at Center for Advanced Surgery by signing below:

	/	/
Patient Signature or Representative	Date	

Center for Advanced Surgery complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.