

Patient Notification

The patient (or person responsible for the patient) has the right to:

- Respectful care given by competent personnel in a considerate, dignified manner that is safe and free from abuse or harassment.
- To be given, upon request, the name of his attending practitioner, the names of all other practitioners directly participating in his care, and the names and functions of other health care personnel having direct contact with the patient.
- Every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and should be conducted discreetly.
- Have records pertaining to his medical care treated as confidential except as otherwise provided by law or third party contractual arrangements. Except when required by laws, patients are given the opportunity to approve or refuse release of their records.
- Know what Center rules and regulations apply to his conduct as a patient.
- Expect emergency procedures to be implemented without unnecessary delay. A patient also has the right to be informed about Center provision for emergency and after hours care. A patient has the right to be informed of the Center's policy with regard to advance directives.
- Good quality care and high professional standards that are continually maintained and reviewed. A patient has the right to receive information regarding the Center's credentialing policies.
- Full information before care is delivered, in lay terms, concerning diagnosis, treatment, expected outcome and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the patient's next of kin or other appropriate person.
- Provide the necessary informed consent prior to the start of any procedure or treatment (except in the case of emergencies).
- Be advised when a practitioner is considering the patient as part of a medical care research program or donor program, and the patient or legally responsible party must give informed consent prior to actual participation in such program. A patient or legally responsible party may, at any time, refuse to continue in any such program to which he has previously given informed consent.
- Refuse drugs, treatment, or procedures offered by the Center, to the extent permitted by law, and a practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs, treatment or procedures.
- Medical and nursing services without discrimination based upon race, color, religion, gender, sexual preference, national origin, handicap or source of payment.
- Have access, where possible, to an interpreter if the patient does not speak English. Similarly, a patient with auditory or visual handicaps will have alternative communicative assistance available to them.
- Access to the information contained in his medical records, unless the attending practitioner for medical reasons specifically restricts access.
- Expect good management techniques to be implemented within the Center considering the effective use of time of the patient and to avoid the personal discomfort of the patient.
- Be provided with complete information and an explanation concerning the needs for and alternatives to a transfer to another facility. The institution to which the patient is to be transferred shall be notified prior to the patient transfer.
- Examine and receive a detailed explanation of his bill, and to receive information on fees for services received and on Center payment policies.
- Expect that the Center will provide information for continuing health care requirements following discharge and the means for meeting them.
- Be informed of his rights in advance of the date of procedure by verbal and written notification, except in instances in which quality of care would be compromised.
- Marketing material that does not mislead patients regarding the Center's capabilities or competence.
- Be informed of procedures for expressing suggestions and policies, to be notified of grievance procedures, and to voice grievances regarding treatment or care that is or fails to be furnished.
- Change their provider if other qualified providers are available.
- Exercise his rights without being subjected to discrimination or reprisal.
- Have the person appointed under Commonwealth law to act on the patient's behalf and exercise the patient's rights if the patient is adjudged incompetent by a court of proper jurisdiction.

Patients are expected to:

- Provide accurate and complete information about their present complaints, past medical illnesses, hospitalizations, surgeries, medications, over the counter products, dietary supplements, allergies/sensitivities and other matters relating to their health.
- Tell their health care providers whether they understand the treatment, plan of care, and what is expected of the patient.
- Help the practitioners, nurses and other health personnel in their efforts to care for patients by following their instructions and medical orders.
- Observe the Center's no smoking policy, be considerate of other patients and of staff regarding noise and number of visitors, and respect the Center's property and that of other persons.
- Inform the Center about any living will, medical power of attorney or other directive that could affect their care.
- If required by their practitioner, provide a responsible adult to transport/accompany him home and to remain with him for 24 hours after care at the Center.
- Accept financial responsibility for any charges not covered by their insurance.

Patient Complaint

It is always best to make every effort to address patient/visitor complaints internally through discussion, investigation and potential action by/among Center personnel and the patient/visitor. Therefore, in accord with relevant Center policies any and all patient/visitor complaints should initially be brought to the attention of Center personnel such as the Medical Director, Director of Nursing or Administrator. If necessary, patients wishing to register a complaint regarding the Center may contact the Pennsylvania Department of Health: Director, Division of Acute and Ambulatory Care, 625 Forster St., H&W Building, Room 532, Harrisburg, PA 17120-0701; (800) 254-5164. If necessary, Medicare beneficiaries may contact the Medicare Ombudsman about the Center at: www.cms.hhs.gov/center/ombudsman.asp.

Ownership Disclosure

The Physician who refers you to our Surgery Center may have an ownership interest in this facility. You are free to choose another facility in which to receive services.

Advance Directive Notification. Pennsylvania Law: In Pennsylvania, capacitated adults have the right to decide whether to accept, reject or discontinue medical care or treatment. There may be times, however, when a person cannot make his or her wishes known to a medical provider. For example, a person may be incompetent, in a terminal condition or in a state of permanent unconsciousness, and unable to tell his or her doctor what kind of care or treatment he or she would like to receive or not to receive. This can be addressed through an advance directive. An advance directive may take many forms and is commonly referred to as a "living will". This is a written declaration that describes the kind of life-sustaining treatment you want or do not want if you are unable to tell your doctor. In Pennsylvania, a living will is known in the law as an advance directive for health care. You are not required to have a living will. **Further Information:** There is no single correct way to write a living will. You may wish to consult with an attorney to develop a living will. Additional information about living wills and acceptable forms that may be used in Pennsylvania to establish your advance directives may also be obtained from: The American Association of Retired Persons (AARP) (717) 238-2277; Pennsylvania Department of Aging (717) 783-7247 www.aging.state.pa.us; or Pennsylvania Council on Aging (717) 783-1924.

Our Center: Given the nature of the procedures and associated care delivered at this facility, the Center will not honor advance directives. This means that resuscitative or other stabilizing measures will be initiated if an adverse event occurs at the Center. Nevertheless, a copy of your advance directive will be provided to the hospital if you are transferred to such a facility for further care. **Non-Discrimination:** The Center will not segregate any area of the Center based on race, color, national origin, ancestry, age, sex, religion, handicap or disability. This shall also apply to: admission or care; assigning patients to areas of the facility; asking patients about preferences regarding patients in the same care area; assigning staff to patient care services; granting privileges to professionally qualified personnel; utilization of the Center; or transferring patients from one area of the Center to another.

Effective: May 2012

Patient Notification
Ethics, Rights, and Responsibilities Manual
(This form to be signed for day of surgery)

These rights and responsibilities are posted in the Center's waiting room to inform all patients and visitors of the Center's nondiscrimination policy.

The patient has the right to:

- Receive the care necessary to help regain or maintain his or her maximum state of health and, if necessary, cope with death.
- 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 within the highest quality of service.
- Expect full recognition of individuality, including personal privacy in treatment and care. In addition, all communications and records will be kept confidential.
- Complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as alternative treatments or procedures and the possible risk and side effects associated with treatment or procedures.
- Be fully informed of the scope of services available at the facility, provisions for after hours and emergency 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 or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such a refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the physician or facility.
- Approves or refuses the release of medical records to any individual outside the facility, except in the case of transfer to another facility, or as required by law or third party payment contracts.
- Be informed of any human experimentation or other research/education projects affecting his other care or 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.
- Assistance in changing primary or specialty physicians or dentists if other qualified physicians are available.
- Provide patient access to and/or copies of his or her individual medical records.
- Be informed as the facility's policy regarding advance directives/living wills.
- Be fully informed before any transfer to another facility or organization to 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 assures it will provide interpretation for individuals who are not proficient in English. The facility presents information in manner and forms, such as TDD, large printed materials, Braille, audio tapes and interpreters, that can be understood by hearing and sight impaired individuals.
- Have an initial assessment and regular assessment pain.
- Upon request, to be given the names of his practitioner, names of all other practitioners directly participating in his care and the names and functions of all other health care person having contact.
- Education of patients and families, when appropriate, regarding their roles in managing pain; as well as potential limitations and side effects of pain treatment, if applicable.
- Have their personal, cultural, spiritual and/or ethic beliefs considered when communicating to them and their families about pain management.

The patient is responsible for:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions
- Respecting the property of others and the facility
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her

- Keeping appointments and, when unable to do so for any reason, notifying the facility or physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.
- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and is responsible for the outcome.
- Promptly fulfilling his or her financial obligation to the facility
- Payment to the facility for copies of the medical records the patient may request.
- Identifying any patient safety concerns.

Patient Grievance

All patient complaints, questions, or requests will receive immediate attention by the Administrator of the facility. Patients can present complaints via phone, patient satisfaction surveys, or in person. If complaint cannot be satisfactorily resolved at the facility, the State Division of Acute Ambulatory Care, 11 Stanwix Street, Suite 410, Pgh PA 15222. Rep. John Wisilosky, RN may be contacted at 412-565-5176 or contact the Joint Commission at 1800-994-6610 or complaint@jointcommission.org or visit the website for the office of the Medicare Beneficiary Ombudsman.

www.cmsghs.gov/center/ombudsman.asp

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Advance Directive Notification. Allows a person to give directions about future medical care or to designate another person(s) to make medical decisions if he or she lose decision-making capacity. Advance Directives may include living wills, durable power of attorney or similar documents portraying the patient's preference. The existence or lack thereof, will not determine the patient's access to care, treatment and services. Patients presented with an Advanced Directive will be informed that all patients are treated as "Full Code" at the Premier Surgery Cnt of Pgh and that means all measure to resuscitate and sustain life will be taken. Note: As stated in: Understanding advanced directives for healthcare "living wills and power of attorney in Pennsylvania" "...there is no law in Pennsylvania that guarantees that your medical provider will follow your instructions in all circumstances..." In the event the patient should need to be transferred to the hospital, the presence of an Advanced Directive will be communicated to the receiving facility. This will be follow the patient during transfer and go into effect upon admission to the hospital. If the patient has a notarized Advance Directive, a copy will be placed in the permanent medical record and the attending physician and anesthesiologist will be notified

Non-Discrimination: The Center will not segregate any area of the Center based on race, color, national origin, ancestry, age, sex, religion, handicap or disability. This shall also apply to: admission or care; assigning patients to areas of the facility; asking patients about preferences regarding patients in the same care area; assigning staff to patient care services; granting privileges to professionally qualified personnel; utilization of the Center; or transferring patients from one area of the Center to another.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONTENTS:

Patient/Representative: _____

Date: _____

Effective July 2012