

## **PATIENT RIGHTS AND RESPONSIBILITIES AMBULATORY SURGERY CENTER**

### **DISCLOSURE OF OWNERSHIP**

**Drs. Arnold, Bashford, K. Crews, Foster, Korotkin, Olsen, Reistad, Robinson, and Smith do have a financial interest in this facility.**

### **PATIENT RIGHTS: The patient has the right to:**

1. Receive services without regard to age, race, sex, sexual orientation, marital status, national origin, cultural, economic, educational or religious background, or the source of payment for care.
2. Be treated with respect, consideration and dignity.
3. Be informed of the services available at the facility.
4. Be informed of the provisions for off-hour emergency care.
5. Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names of professional relationships of other physicians and/or non-physicians who participate in the care.
6. Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment, the risks involved in each, and the name of the person who will carry out the procedure or treatment.
7. Receive information from his/her physician about his/her illness, course of treatment, and prospects for recovery in terms and language the patient can understand.
8. Participate actively in decisions regarding his/her medical treatment including the right to refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her actions.
9. Have pain assessed and managed as part of the treatment process, and have his/her reports of pain believed and responded to quickly.
10. Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
11. 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 the patient's care.
12. Reasonable responses to any reasonable requests made for service.
13. Leave the facility even against the advice of a physician.
14. Be informed regarding patient billing practices, charges for services, eligibility for third party reimbursements, and when applicable, the availability of free or reduced cost care.
15. Receive a copy of account statement upon request.
16. Voice grievances and recommend changes in policies and services to the facility's staff, the operator, and the State Department of Health without fear of reprisal.
17. Make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment, and the right to formulate advance directives.
18. Change providers if other qualified providers are available.

### **PATIENT RESPONSIBILITIES:**

1. Provide accurate and complete information concerning his/her present condition or complaints, past medical history, and other matters about his/her health.
2. Discuss expectations regarding pain and pain management, discuss pain relief options with the doctor and nurse, ask for pain relief when pain first begins and help the doctor and nurses assess pain. Tell the doctor or nurse if pain is not relieved, and tell the doctor or nurse of any concerns he/she may have.
3. Make it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected.
4. Cooperate fully with pre-operative and post-operative instructions they receive from his/her physician, anesthesia provider or nurse.
5. Keep appointments and notify the facility or physician when he/she is unable to do so.
6. Provide all information regarding third-party insurance coverage.
7. Fulfill financial responsibility, as promptly as possible, for all services received.
8. Follow facility policies and procedures.
9. Be considerate of the rights of other patients and facility personnel.
10. Be respectful of personal property and that of other persons in the facility.

### **ADVANCE DIRECTIVE NOTIFICATION:**

All patients have the right to participate in their own health care decisions and to make Advance Directives or to execute a Power of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. The Eye Center of Northern Colorado ASC respects and upholds those rights.

However, unlike in other medical settings, the facility does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no procedure is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after the procedure.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or Healthcare Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official state forms are available via the website:  
<http://www.coloroadvancedirectives.com>



If you do not agree with this facility's policies, we will be pleased to assist you in rescheduling your procedure.

If a patient is adjudged incompetent under the state's laws, the rights of the patient are exercised by the person appointed and /or the legal representative designated by the patient under Colorado law to act on the patient's behalf. The Facility will accept a Court Appointed Guardian, Dual Power of Attorney, or a Health Care Surrogate.

**PATIENT COMPLAINT OR GRIEVANCE**

All alleged grievances will be fully documented, investigated and reported to the persons in authority at ECNC ASC. Any substantiated allegation will be reported to the state or local authority or both. The grievance documentation will include the process for how the grievance was addressed. The patient will be provided a thorough written notice of the decision and will contain the name of the surgery center contact person.

**Contact information for the grievance include:**

**Medicare Beneficiary Ombudsman:**

www.medicare.gov  
1-800-633-4227

**Colorado Department of Public Health and Environment:**

Health Facilities and Emergency Medical Services Division  
Complaint Intake  
4300 Cherry Creek Drive  
Denver, CO 80246-1530  
1-800-886-7689  
ASC 303-692-2827  
Email: cdphe.hfoccur@state.co.us

**Accreditation Association for Ambulatory Healthcare, Inc:**

5250 Old Orchard Rd., Ste 200  
Skokie, IL 60077

**Eye Center of Northern Colorado:**

Carol Wittmer, Administrator  
3151 Precision Drive  
Fort Collins, CO 80528  
1-970-419-2669

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED/ RECEIVED A COPY, READ AND UNDERSTAND ALL OF ITS CONTENTS:**

**By: \_\_\_\_\_ Date: \_\_\_\_\_**  
**(Patient /Patient Representative Signature)**