

COMMUNITY SURGERY CENTERS PATIENT RIGHTS & RESPONSIBILITIES

The Community Surgery Centers want to exceed your health care expectations. Our health care providers work together to aim for the highest standards of care by providing excellent service to you and your family.

This document describes Patient Rights and Responsibilities and Advance Directives. To maintain state licensure, the Center is required to provide the following information (both verbally and in writing) to you, or your authorized surrogate, prior to the start of your surgical procedure. If your surgery is scheduled on the same day, you will be given this information on the same day of surgery with time to review and ask questions. If a patient does not have capacity or has been found to be incompetent by a court of competent jurisdiction to make health care decisions, the rights of the patient are exercised by the patient's authorized surrogate.

As a patient of the Community Surgery Centers, you have the right to

1. Be informed of your patient rights in advance of care being provided or discontinued.
2. Participate in and make informed decisions about your care and pain management, including being able to request or refuse treatment.
3. Be fully informed about a treatment or procedure and the expected outcome before it is performed.
4. Have your patient rights, condition, treatment, pain alternatives and outcomes explained in a manner that you or your authorized surrogate understands. You have the right to interpretation services.
5. Be provided, information known concerning your diagnosis, evaluation, treatment and prognosis. If medically inadvisable to give information to the patient, the information will be provided to the patient's authorized surrogate.
6. Expect timely and appropriate assessment and treatment of physical pain and emotional or spiritual discomfort.
7. Receive safe, high quality, medical care, without discrimination and/or harassment that is compassionate and respects personal privacy, dignity, values, beliefs and preferences and contributes to a positive self-image. To be treated without fear of or infliction of mistreatment, neglect, verbal, physical, mental or sexual abuse.
8. Exercise your rights without fear of reprisal.
9. Know the name and role of your caregiver (e.g., Doctor, Nurse, Technician, etc.). You have a right to request information and/or credentials about the health care professionals providing your care. A list of public websites with additional information is available upon request.
10. Be informed regarding the absence of malpractice coverage, if applicable
11. To change health care providers.
12. Receive information about continuing your health care at the end of your visit.
13. Be informed of services available at the Center.
14. Be informed of the provisions for after hours and emergency care.
15. Be informed of your right to refuse to participate in experimental research if applicable.
16. Receive confidential treatments, communications, and medical records, to the extent permitted by law.
17. Have your patient disclosures and records treated confidentially. You have the right to be given the opportunity to approve or refuse their release, except when release is required by law.
18. Be informed of charges, fees for service, payment policies, receive an explanation of your bill and receive counseling on the availability of financial resources for health care services.
19. Be free from abuse or harassment
20. Be free from any act of discrimination or reprisal
21. Have addressed your compliments, concerns, complaints, or grievances regarding treatment or care without fear of compromise to or access to care, treatment and services. You may request a grievance form from the registration desk or your care provider. You may initiate a complaint process and discuss your concerns with the Center's Director or your physician. If requested, a timely response will be provided. You may also contact the Director in person at the time of your visit, or report the complaint to:

The Indiana State Department of Health
Indiana State Department of Health
Consumer Services & Health Care Regulation
2 North Meridian Street, 4B
Indianapolis, IN 46204
1-800-246-8909
(317) 233-7241

Contact Information:
Medicare Beneficiary Ombudsman
1-800-MEDICARE (800-633-4227)
<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>.

If you feel you are a victim of Medicare Fraud, please refer to the following information to report your claim:

Phone: 1-800-HHS-TIPS (1-800-447-8477)
Email: HHSTips@oig.hhs.gov

Fax: 1-800-223-8164 (no more than 10 pages)
Mail: U.S. Office of Health and Human Services Office of the Inspector General
Attn: OIG Hotline Operations
P.O. Box 23489
Washington, DC 20026



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PATIENT RESPONSIBILITIES

Patients are expected to:

1. Respect and be considerate of the rights of other patients and Community Surgery Center personnel, including the control of noise, the number of visitors and respect of the property of other persons and the Community Surgery Center.
2. Follow the rules of the Community Surgery Center.
3. Provide, to the best of your knowledge, accurate and complete information about your health, present complaints, past illnesses, hospitalizations, medications (including over-the-counter and dietary supplements), allergies, sensitivities and insurance benefits.
4. Ask for more information if you have questions about your care, treatment, services or caregivers. It is also your responsibility to report perceived risks in your care and unexpected changes in your condition.
5. Ask your care provider when you do not understand medical words or instructions about your plan of care. If you are unable/unwilling to follow the plan of care, you are responsible for telling your care provider. Your care provider will explain the potential risks and benefits of the recommended treatment. You are responsible for outcomes of not following the recommended plan of care.
6. Notify the Community Surgery Center if you need to change or cancel your procedure.
7. Have a responsible adult to drive you home after your procedure. Your procedure will be canceled if you do not have a driver. Having a responsible adult accompany you home in a taxi is also acceptable. You must have a responsible adult remain with you for 24 hours following your procedure.
8. To abide by the NO SMOKING policy of the Community Surgery Center.
9. Inform your caregiver about any your advance directives, such as living will, medical power of attorney, or other directive that could affect your care.
10. Tell us how satisfied you are with your care, so that we can resolve any concerns and learn from them.
11. Assure that the financial obligations of your healthcare are fulfilled as promptly as possible. Pay Co-pays on the day of your procedure. The Community Surgery Center will make reasonable efforts to validate your insurance benefits and provide relevant information before your procedure date.
Be responsible for insurance coverage information.

ADVANCE DIRECTIVES

Advance Directives are written instructions that describe your health care preferences in the case you become unable to make medical decisions.

Advance Directives include the following:

- Living Will
- Life Prolonging Declaration
- Health Care Representative
- Appointment of Durable Power of Attorney for Healthcare

The registration desk can provide you with a copy of the Indiana State Advanced Directives brochure. You may call the Center with questions prior to the date of your surgery or talk with someone on the day of your surgery. Your medical record has a prominent note about whether or not you have executed an advance directive.

The Community Surgery Center will honor an appointment of a Healthcare Representative and other appropriate advance directives.

In of the event of an emergency or life threatening situations, life sustaining treatment will be started; Community Surgery Center will always attempt to resuscitate you and transfer you to a hospital in the event of a clinical emergency. You will be transferred to a hospital and Advance Directives, if any, will be sent to the hospital with you.

