PATIENT RIGHTS AND RESPONSIBILITIES AT THE ORTHOPAEDIC SURGERY CENTER

As a patient you have the right to:

• exercise your rights without being subjected to discrimination or reprisal
• be fully informed about a treatment or procedure and the expected outcome before it is performed
• be informed of unanticipated outcomes
• be free from all forms of abuse, harassment and neglect and to access protective services
• be treated with respect for your personal values and beliefs and with consideration and dignity.
• appropriate privacy as the facility layout permits and to receive care in a safe setting.
• have their disclosures and records treated confidentially, and, except when required by law, the right to approve or refuse their release.
• complete information concerning their diagnosis, evaluation, treatment and prognosis to the degree known. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
• participate in decisions involving their health care, and to include their family in these decisions, except when such participation is contraindicated for medical reasons.
• information concerning the services and access to care available at the surgery center, fees for service and payment policies and the credentialing process used to give providers admitting privileges.

• express grievances, concerns or complaints by speaking with their physician, a Director, or any staff member, by filing a written grievance, or complaining to the State Department of Health or Centers for Medicare and Medicaid Services (CMS), Office of the Medicare Ombudsman:

  o Please contact one of the following if you have complaints or grievances:
    • The Orthopaedic Surgery Center Administrator  509-344-8672
    • HSQA Complaint Intake: PO Box 47857 Olympia, WA 98504-7857
       Phone: 360-236-2620, Toll Free: 800-633-6828, Fax: 360-236-2626 Email: HSQAComplaintIntake@doh.wa.gov
    • TTY Users dial 711 for the Washington Relay Service
    • Office of the Medicare Beneficiary Ombudsman is
    • State Office of Healthcare Survey, Investigations Mgr, PO Box 47852, Olympia, WA 98504 (360)236-2920
• designate a surrogate decision-maker and/or have family members input in care decisions.
• refuse treatment, change physicians or to utilize another surgical facility.
• refuse to participate in investigational studies and/or clinical trials.
• know that supervised students and observers may be involved in your care
• know that the physicians who operate at our Surgery Center all have a financial interest in the Center.
• place health care directives in your medical record so that should you be transferred, the accepting institution is aware of your directives. Understand that **ASC personnel will always attempt to resuscitate you** and transfer you to a hospital in the event of deterioration of your condition.
• timely resolution of complaints/grievances (a copy of our policy will be provided if requested).

**As a patient, you are responsible for:**
• providing, to the best of your knowledge, accurate and complete information about your present health status & past medical history & reporting any unexpected changes to the appropriate practitioner(s).
• following the treatment plan recommended by the primary practitioner involved in your case.
• providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
• indicating whether you clearly understand a contemplated course of action and what is expected of you.
• your actions if you refuse treatment, leave the facility against the advice of the practitioner, and/or do not follow the practitioner's instructions relating to your case.
• assuring that the financial obligations of your health care are fulfilled as expediently as possible.
• providing information about and/or copies of any living will, power of attorney or other directives that you desire us to know about.
• Inform our staff that you do not want observers or students involved in your care.

**Обратите внимание на наши русскоязычных пациентов:**
"Больной человек" Документ доступен на русском языке по вашему запросу.

**Aviso a nuestros pacientes de habla hispana:** Los "Derechos del paciente" documento está disponible en español a su solicitud. **If you have any questions regarding your rights & responsibilities please discuss your concerns with us.**
Thank you for choosing The Orthopaedic Surgery Center. We look forward to providing the care and services that you need.