

Associates Surgery Center, LLC – Patient's Bill of Rights and Responsibilities

1. It is the responsibility of the center to know and understand the patient's bill of rights and responsibilities.
2. Upon the patient's admission, admitting personnel and nursing personnel will review the "Patient's Bill of Rights and Responsibilities" statement to each patient or to the legal guardian or significant other in the event the patient is unable to receive the information, and the original document will be maintained in the Medical Records.
3. Effective treatment depends in part on patient's history. The patient, of the patient's family, has an obligation to be open and honest and provide information about past illnesses, hospitalizations, medications, and other pertinent matters.
4. The center expects the patient will ask questions about directions or procedures they do not understand. The patient has an obligation to make known immediately if they do not understand the instructions given them concerning their health, or if they think they will not be able to comply with such or other instructions.
5. The patient has a right to address concerns regarding the quality of their care to the facility staff.
6. The center expects the patient to be considerate of other patients and staff in regard to noise, smoking, and number of visitors in the patient areas. The patient is also expected to respect the property of the center and of other persons.
7. To help the patient's physicians and the center staff care for the patient, the patients are expected to follow instructions and medical orders and report unexpected changes in their condition to their physician and staff.
8. The patient has an obligation to maintain personal and financial integrity with respect to the health care services provided on their behalf.
9. The patient assumes financial responsibility for all services either through their insurance or by paying at or before the time of service.
10. The patient has a right to examine and receive an explanation for their billing statement, regardless of the source of payment.
11. The patients are expected to follow safety regulations that they are told or read about.
13. The patient is responsible for following the treatment plan recommended by the practitioner responsible for their care. If the patient fails to follow their healthcare provider's instructions, or if the patient refuses care, they are responsible for their own actions.
14. A patient has the right to respectful care given by competent personnel.
15. A patient has the right, upon request, to be given the name of his attending practitioner, the names of all other practitioners directly participating in his or her care and the names and functions of other health care persons having direct contact with the patient.
16. The patient has the right to every consideration of their privacy concerning their own medical care program. Case discussions, consultation, examination, and treatment are confidential and should be conducted discretely when possible. Those not directly involved in the patient's care must have the permission of the patient to be present.
17. A patient has the right to have records pertaining to his or her medical care treated as confidential except as otherwise provided by law or third party contractual arrangement.
18. A patient has the right to know what center rules and regulations apply to his or her conduct as a patient, and the patient has an obligation to respect the policies of the center.
19. The patient has the right to expect emergency procedures to be implemented without unnecessary delay.
20. The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
21. The patient has the right to full information in layman's terms, concerning diagnosis, treatment 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 or her behalf to the responsible person or persons.

I (WE) THE UNDERSIGNED CERTIFY THAT I (WE) HAVE READ AND FULLY UNDERSTAND THIS FORM. The surgeon has disclosed the comparative risks, benefits, and alternatives associated with performing this procedure in this independently certified (Non-state Certified) surgical facility instead of in a hospital or other location.

Patient (is a minor _____ years of age) AND/OR is unable to consent because: _____

Patient / Relative / Authorized Agent

Relationship to Patient

Date / Time

Witness Signature

Staff (Printed)

Date / Time