

BSM SURGERY CENTER

ADVANCE NOTICE TO PATIENT

As a Patient, You Have the Right to:

To have access to the patient rights and responsibilities established by this center;

Be treated with respect, consideration and dignity;

The right to effective communication;

The right to be respected for your cultural and personal values, beliefs, and preferences;

To be provided appropriate privacy;

The right to pain management;

The right to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation;

The right to receive care in a safe setting;

The right to information in a manner tailored to the patient's age, language, and ability to understand;

The center provides interpreting and translation services;

The center communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that fits the patient's need.

To be free from all forms of abuse or harassment;

To be fully informed about a treatment or procedure and the expected outcome before the procedure is performed;

The organization respects the patient's right to receive care in a safe setting;

Appropriate information regarding the absence of malpractice insurance coverage.

If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf;

If a state court has not adjudged a patient incompetent, any legal representative designated by the patient, in accordance with the state law, may exercise the patients' rights to the extent allowed by state law;

To see posted written notice of the patient rights in a place or places within the ASC likely to be noticed by patients (or their representative, if applicable) waiting for treatment. The written poster will include name, address, and telephone number of a representative of the state agency to whom the patient can report complaints, as well as the web site for the Office of the Medicare Beneficiary Ombudsman.

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Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.

Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or a legally authorized person.

Patients are informed of their right to change their provider if other qualified providers are available.

Patients are given the opportunity to participate in decisions involving their healthcare, treatment, or services, except when such participation is contraindicated for medical reasons.

The center involves the patient's family in care, treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.

The center provides the patient, or surrogate decision-maker, with the information about the outcomes of care, treatment, or services that the patient needs in order to participate in current and future health care decisions.

The center informs the patient, or surrogate decision-maker, about unanticipated outcomes of care, treatment.

Marketing or advertising regarding the competence and capabilities of the organizations is not misleading to patients.

Patients are informed about procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations.

The patient has the right to exercise his or her rights without being subject to coercion, discrimination, reprisal, or interruption of care that could adversely affect the patient.

Advance Notice Rights:

The patient has the right to receive verbal and written notice in advance of the date of the procedure, in a language and manner that the patient or the patient's representative understands regarding. The center gives brochures to each patient being admitted with the center's written policies and the nurse making the preoperative call informs the patient verbally.

Patient Rights and Responsibilities;

The center's policy on Advance Directives: To provide the patient, or as appropriate, the patient's representative in advance of the date of the procedure, with information concerning its policies on advance directives, including a description of applicable state health and safety laws and if requested, official state advance directive information forms. (The ASC must document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.) Because of the elective nature of ambulatory surgery, this center chooses to **not** honor advanced directives. Copies of advanced directive information is available at the center.

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Patient Grievance Procedure: Patients are informed about procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations.

Disclosure of Ownership: To receive written information about their physician's possible ownership in the ASC. Patients are informed about physician ownership at least 24 hours prior to being admitted to the center.

The Patient Has the Right to Information Concerning:

Patient rights, conduct and responsibilities;

Services available at the organization;

Provisions for after hour emergency care;

Fee for services;

Payment policies;

Patient's right to refuse participation in experimental research;

Advance directives, as required by state and/or federal law and regulations;

The credentials of health care professionals;

Patient Responsibilities

Prior to receiving care, patients are informed of their responsibilities. These responsibilities require the patient to:

Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over the counter products and dietary supplements and any allergies or sensitivities;

Follow the treatment plan prescribed by his/her provider;

Provide a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours, if required by his/her provider;

Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care;

Accept personal financial responsibility for any charges not covered by his/her insurance;

Be respectful of all the health care providers and staff, as well as other patients.

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Because of the elective nature of your procedure, BSM Surgery Center does not honor advance directives. If you have an advanced directive, we will put that in your chart and in an emergency it will be transferred with you to the hospital. If you have questions about this policy please feel free to call the center to ask.

Grievance Procedure

The center strives to provide quality care and achieve patient satisfaction. Patient grievances or complaints provide a means to measure achievement of this goal and to identify need for performance improvement. Patients shall be provided with a means to register a complaint concerning any aspect of the service/care provided by the center.

Each patient shall receive a written patient questionnaire upon discharge giving him/her an opportunity to evaluate his/her care.

Any patient may express his/her concerns through the said Questionnaire or by a simple informal complaint. Such a complaint may be registered by telephone, in writing or in person to any member of the center staff. All complaints received by the center personnel shall be forwarded to the Clinical Director or his/her designee the same day.

The Clinical Director or his/her designee will attempt to address and resolve the concern by telephone in person within three (3) days.

If subsequent to this contact by the center, the patient continues to have a concern, the patient may submit the complaint or grievance in writing to the Medical Director. The Medical Director will consider the submitted grievance and may request additional information or documentation.

Once the collection of relevant information for the grievance is determined to be complete, the Medical Director will respond to the grievance in writing within thirty (30) days. If the Medical Director is not able to make a determination within this thirty (30) day period, he/she will notify the patient in writing regarding the status of his/her grievance.

To report a concern:

State of Oregon Department of Health:

800 NE Oregon Street
Portland, OR 97232
(971)673-0540

Office of the Medicare Beneficiary

Ombudsman<http://www.ombudsman.ed.gov/about/contactus.html>

Visit the web site listed above or call 1-800-MEDICARE (1-800-633-4227) for more information, to ask questions, and to submit complaints about Medicare to the Office of the Medicare Ombudsman. TTY users should call 1-877-486-2048.