

CARONDELET FOOTHILLS SURGERY CENTER

PATIENT RIGHTS AND RESPONSIBILITIES

The patient has the right to:

- Become informed of your rights as a patient both verbally and in writing prior to your procedure in a language that you understand. You may appoint a representative to receive this information for you.
- Exercise these rights without regard to sex, cultural, economic, educational or religious background or the source of payment for care; without being subjected to discrimination or reprisal, and voice grievances regarding treatment of care that is (or fails to be) furnished.
- Expect full recognition of individuality, including personal privacy in treatment and care. In addition, all communications and records will be kept confidential.
- Access protective and advocacy services or have these services accessed on the patients behalf.
- Complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment and procedure.
- Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such a refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the physician or facility.
- Full consideration of privacy concerning your medical care. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual in your healthcare.
- Confidential treatment of all communications and records pertaining to your care and your stay at the facility. Your written permission will be obtained before your medical records can be made available to anyone not directly concerned with your care.
- Be informed of any human experimentation or other research/educational projects affecting his or her care or treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Receive information concerning Carondelet Foothills Surgery Centers policies on Advance Directives, including a description of applicable state health and safety laws and, if requested official state Advance Directives forms prior to your procedure.
- Assistance in changing primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Provide patient access to and/or copies of his or her individual medical records.

- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Expect the facility to agree to comply with Federal Civil Rights laws that assure it will provide interpretation for individuals who are not proficient in English. The facility presents information in manner and form, such as TDD, and interpreters that can be understood by hearing and sight impaired individuals, or other reasonable accommodations.
- Have an initial assessment and regular reassessment of pain.
- Receive information in a manner that you understand. Communications with you will be effective and provided in a manner that facilitates understanding. Written information provided will be appropriate to the age, understand and, as appropriate, the language of the patient. As appropriate, communications specific to vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment.
- Education of patients and families, when appropriate, regarding their roles in managing pain, as well as potential limitations and side effects of pain treatment if applicable.
- Have their personal, cultural, spiritual and/or ethnic beliefs considered when communicating to them and their families about pain management and their overall care.
- Leave the facility even against the advice of your physician.
- Examine and receive an explanation of your bill regardless of source of payment.
- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.
- Be informed when appropriate about the absence of malpractice insurance coverage.

The patient is responsible for:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the facility.
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Keeping appointments and, when unable to do so for other reason, notifying the facility and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.
- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeit the right to care at the facility and is responsible for the outcome.
- Promptly fulfilling his or her financial obligations to the facility.
- Payment to facility for copies of the medical records the patient may request.
- Identifying any patient safety concerns.

Should you wish to communicate a concern regarding the quality of care you received you may contact;
Facility Administrator
Leana Corradini
520-877-5665

You may also be provided with a written notice of the grievance process. This will include the steps taken on your behalf to investigate the grievance, the results of the process, and the completion date.

You may also report complaints to the state agency as well as the office of Medicare Beneficiary Ombudsman.

Arizona Department of Health Services
Licensure Division
150 N. 18th Avenue, 4th Floor
Phoenix, AZ 85007

(602) 364-3030

or

Medicare Beneficiary Ombudsman
1-800-633-4227

Website: www.cms.hhs.gov/center/ombudsman.asp

Or

Office of the Inspector General
<http://oig.hhs.gov>