

# MEMORIAL AMBULATORY SURGERY CENTER

Chapter Name: 1 - Patient Rights and Responsibilities	Policy #: 1.00	AAAHC Standard: 1 - ALL
Title: Patient Rights and Responsibility	Date:	Medicare CfC: 416.50

## Policy Statement

To ensure patients are aware of their rights and responsibilities, the rights and responsibilities are posted in a prominent place and provided in pamphlet form for patient review.

The posted notice of rights must include the name, address, and telephone number of a representative from the Texas Department of Public and Behavioral Health to whom patients can report complaints, as well as the website for the Office of the Medicare Beneficiary Ombudsman. The notice will also include the contact information for AAAHC where the patient could also express a complaint.

## I. Patient Rights

**Each patient treated at the MEMORIAL AMBULATORY SURGERY CENTER has the right to:**

1. Be treated with respect, consideration, and dignity.
2. Be afforded appropriate personal privacy
3. Be given verbal and written notice of rights and responsibilities in a language and manner that ensures the patient, the representative or surrogate understands.
4. Receive full information in layman's terms concerning appropriate and timely diagnosis, evaluation, treatment, prognosis and preventive measures; if it is not medically advisable to provide this information to the patient, the information shall be given to the responsible person on his/her behalf.
5. To participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
6. Receive information on the services, fees and payment policies of the center.
7. Receive information on after-hour and emergency care.
8. Obtain information on the center's policy on patient's advanced directives.
9. Be provided information on the credentials of the health care professionals at the center.
10. Receive information regarding the absence of malpractice insurance, if applicable.
11. Voice or file complaints or grievances regarding treatment or care that is (or fails to be) furnished.
12. Change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
13. Receive an informed consent for the procedure and administration of any anesthetic.
14. Be given the name of their attending physician, the names of all other physicians directly assisting in their care, and the names and functions of other health care persons having direct contact with the patient.
15. Be given, in writing if requested, a list of physicians who have financial interest or ownership in the center.
16. Be free from any act of discrimination or reprisal and to be free from all forms of abuse or harassment.
17. Be provided medical and nursing services without discrimination based upon race, religion, color, national origin, sex, age, disability, marital status or source of payment,

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- nor shall any such care be denied on account of the patient's sexual orientation.
18. Receive care in a safe setting by competent and appropriately qualified personnel
  19. Have records pertaining to their medical care treated as confidential.
  20. Expect emergency procedures to be implemented without necessary delay.
  21. The expedient and professional transfer to another facility when medically necessary and to have the responsible person and the facility that the patient is transferred to notified prior to transfer.
  22. Be provided with, upon written request, access to all information contained in their medical record.
  23. Refuse drugs or procedures and have a physician explain the medical consequences of the drugs or procedures.
  24. Be advised of participation in a medical care research program or donor program; the patient shall give consent prior to participation in such a program; a patient may also refuse to continue in a program that has previously given informed consent to participate in.
  25. Receive appropriate and timely follow-up information of abnormal findings and tests.
  26. Receive appropriate and timely referrals and consultation.
  27. Receive information regarding "continuity of care".
  28. Expect the absence of clinically unnecessary diagnostic or therapeutic procedures.

## II. PATIENT RESPONSIBILITIES

**Each patient treated at the MEMORIAL AMBULATORY SURGERY CENTER has the responsibility to:**

1. Provide a complete and accurate medical history including medications, over-the counter products, dietary supplements, and any allergies or sensitivities.
2. Follow the treatment plan established by the physician, including instructions of nurses and other health care professionals as they carry out the physician's orders.
3. Arrange for a responsible adult to drive you home and stay with you for 24 hours after surgery (as may be required by your physician).
4. Fulfill financial responsibility, for all services received, as determined by the patient's insurance carrier.
5. Provide the surgery center with all information regarding third-party insurance coverage.
6. Behave respectfully toward all health care professionals, as well as other patients.
7. Keep your appointment and notify the facility if you are unable to do so.
8. Read and understand all consents you sign. Please ask questions for clarification before signing consents.
9. Carry identification with you.
10. Let us know if you don't understand any part of your treatment. Ask questions and take part in your healthcare decisions.
11. Let us know when you are having pain or when your pain is not being managed.
12. Respect the Center's property and equipment.

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### Who Should Know this Policy:

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| <input checked="" type="checkbox"/> All Employees  | <input type="checkbox"/> All Clinical Staff      | <input type="checkbox"/> All Medical Staff |
| <input type="checkbox"/> OR Staff                  | <input type="checkbox"/> Pre-Op Staff            | <input type="checkbox"/> Post-Op Staff     |
| <input type="checkbox"/> Administrator             | <input type="checkbox"/> Medical Director        | <input type="checkbox"/> Nurse Manager     |
| <input type="checkbox"/> All Business Office Staff | <input type="checkbox"/> Business Office Manager |  |