

PATIENT RIGHTS

- Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care.
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
- Receive notice of their rights prior to the surgical procedure in verbal and written notice in a language and manner that ensures the patient, or the patient's representative, *or the patient's surrogate* understand *all of the patient's rights*.
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services.
- Be fully informed of the scope of services available at the facility, provisions for afterhours 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 patient's surrogate 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 refusal. The patient accepts responsibility for his or her actions including refusal of treatment or not following the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Be advised of the facilities grievance process, should he/she wish to communicate a concern regarding the quality of the care he/she receives or if he/she feels determined discharge date is premature. Notification of the grievance process includes: whom to contact to file a grievance, and that he/she will be provided with a written notice of the grievance determination that contains the name of the facilities contact person, the steps taken on his/her behalf to investigate the grievance, the results of the grievance and the grievance completion date.
- Access to and/or copies of his/her medical records.
- Be informed as to the facility's policy regarding advance directives/living wills.
- 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.
- Have an assessment and regular assessment of pain.
- Education of patients and families, when appropriate, regarding their roles in managing pain.
- To change providers if other qualified providers are available.
- 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 state laws may exercise the patient's rights to the extent allowed by state law.

PATIENT RESPONSIBILITIES

- Be considerate of other patients and personnel and for assisting in the control of noise, eating 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 any reason, notifying the facility and physician.
- Providing care givers 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 of care at the facility.
- Promptly fulfilling his or her financial obligations to the facility.
- Identifying any patient safety concerns.

I have been informed of my Rights and Responsibilities as a patient of **SURGERY CENTER OF SCOTTSDALE, LLC.**

ADVANCE DIRECTIVE NOTIFICATION

All patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient’s expressed wishes when the patient is unable to make decisions or unable to communicate decisions. **Surgery Center of Scottsdale, LLC** respects and upholds those rights.

If you, or your designated surrogate, present Advance Directives at the time of admission, you will be required to discuss options for your care with your Physician, Anesthesiologist, and other members of the Health Care Team. **Surgery Center of Scottsdale, LLC** will provide the highest level of care acceptable by you, and as allowable by law. However, unlike in an acute care setting this Ambulatory Surgery Center does not routinely perform “high risk” procedures. While no surgery is without risk, most procedures performed in this facility are considered to be of minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney; that if any adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or Health Care Power of Attorney. Your agreement with this facilities policy will not revoke or invalidate any current Health Care Directive or Health Care Power of Attorney.

You have the option of proceeding with care at our facility or having the procedure at another location that may not set the same limitations. If you wish to complete an Advance Directive, copies of the official State forms are available at our facility. Having been fully informed of our Statement of Limitations, you choose to proceed with your procedure at **Surgery Center of Scottsdale, LLC.**

INT _____ I have Advance Directives, Living Will or Healthcare Power of Attorney
 INT _____ No, I do not have Advance Directives, Living Will or Healthcare Power of Attorney

PATIENT COMPLAINT OR GRIEVANCE:

To report a complaint or grievance you can contact the facility Administrator by phone at 480-661-5232 or one of the following agencies:

**Arizona Department of Health Services Division of
Licensing Services**

150 North 18th Avenue
Phoenix, Arizona 85007
Phone: (602) 364-3030
Fax: (602) 792-0466
[http://app.azdhs.gov/ls/
online-complaint/med complaint.aspx](http://app.azdhs.gov/ls/online-complaint/med%20complaint.aspx)

Accreditation Association for Ambulatory Health Care

5250 Old Orchard Road, Suite 200
Skokie, IL 60077
Phone: (847) 853-6060

Medicare Health Services Advisory Group

1-(877) 588-1123

Centers for Medicare and Medicaid Services

[http://medicare.gov/claims-and-appeals/medicare-
rights/get-help/ombudsman.html](http://medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html)

PHYSICIAN OWNERSHIP:

I have been informed that my physician may have a direct interest in **SURGERY CENTER OF SCOTTSDALE, LLC**. The following physicians are owners:

Dr. Paul Lynch	Dr. Nicholas Scott	Dr. Tory McJunkin	Dr. Jack Anderson
Dt. Tristan Pico	Dr. Adam Wuollet	Dr. Patrick Hogan	

I have been informed of my patient rights and responsibilities to include the process to file a complaint or grievance and that my physician has an ownership interest in **Surgery Center of Scottsdale, LLC**.

By signing this document, I acknowledge that I have received and understand the written and verbal information provided to me regarding the statements above.

Patient Signature_____

Date_____