



PATIENT RIGHTS AND RESPONSIBILITIES

This surgical facility ("Facility") and its medical staff have adopted policies and procedures regarding a Patients care. It is the Facility's policy to provide Patients with written notice of their rights and responsibilities as a patient, as required by state and federal laws.

PATIENT RIGHTS

Patients have the right to:

- Be treated and cared for with respect, consideration, and dignity.
- Be provided with appropriate privacy at check in and in evaluation and treatment areas.
- Interpretation services.
- Receive information from their physician(s) (to the degree known) 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 to a legally authorized person. (Expected outcome) to the best of the physician's knowledge, prior to the treatment or procedure. When the need arises, reasonable attempts are made by health care professionals and other staff to communicate in the language or manner primarily used by the patient.
- Actively participate and make informed decisions involving their health care, except when such participation is contraindicated for medical reasons. Include family input into care decisions and to make informed decisions regarding their care in compliance with existing legal directives as outlined by the patient or existing court-issued legal orders. This includes the right to refuse care and treatment.
- Be free from any act of discrimination or reprisal, with impartiality and without discrimination as to race, color, sex, national origin, religion, handicap or disability.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment, and to be free from neglect.
- Be informed (or have their representative informed) of their rights and that the First Hill Surgery Center will protect and promote the exercising of those rights.
- Be provided (or be provided to the patient's representative or surrogate) prior to the start of the surgical procedure with verbal and written notice of their rights in a language and manner that ensures the patient, the representative, or the surrogate understand all of the patient's rights. The ASC's notice of rights must include the address and telephone number of the state agency to which patients may report complaints, as well as the website for the Office of the Medicare Beneficiary Ombudsman.
- Receive written disclosure about financial interest or ownership of First Hill Surgery Center upon request. Be informed in writing if their physician or surgeon is employed by and/or is an owner of, First Hill Surgery Center and therefore has a financial interest in this Facility, and that they may request to have their care at another facility.
- Be informed how to voice grievances regarding treatment or care that is (or fails to be) furnished and methods for providing feedback, including complaints. Be without fear of retribution or denial of care; to have any complaint or grievance reviewed under the Facility grievance policies; and to expect follow-up, resolution, or decision within 14 days.

- Document the existence, submission, investigation, and disposition of a patient's written or verbal grievance.
- All alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.
- All allegations must be immediately reported to a person in authority in the ASC.
- Only substantiated allegations must be reported to the state authority or the local authority, or both.
- The grievance process must specify timeframes for review of the grievance and the provision of a response.
- The ASC, in responding to the grievance, must investigate all grievances made by a patient or the patient's representative, or the patient's surrogate, regarding treatment or care that is (or fails to be) furnished.
- The ASC documents how the grievance was addressed, as well as provide the patient, the patient's representative, or the patient's surrogate with written notice of its decision. The decision must contain the name of an ASC contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the grievance process was completed.
- Change providers if other qualified providers are available.
- Be informed about advance directives, as required by prevailing laws and regulations.
 - Written information concerning FHSC's policy on advance directives including a description of applicable state health and safety laws and, if requested, official State advance directive forms are available. A notation will be made in the patient's medical record indicating whether or not the patient has executed an advance directive. Be informed that Advance Directives will be acknowledged by the Facility and to be advised that should an unexpected life-threatening event occur the patient will be resuscitated and will be transferred to a facility that will honor this directive. Be asked if they have an Advance Directive and, if so, asked to bring it to the Facility to be added to the medical record on day of surgery.
- Be provided information about:
 - Services provided by the organization.
 - Provisions for after-hours and emergency care.
 - Fees for services Examine and receive an explanation of a bill for Facility services, regardless of source of payment.
 - Payment policies.
 - The credentials of health care professionals Have knowledge of the name and professional status of those caring for them.
 - The absence of malpractice coverage.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed and agree to that care. If a patient is adjudged incompetent under applicable state 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 or surrogate designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.



- Be given access to protective services.
- Be given considerate and respectful care at all times and under all circumstances in a safe, secure and confidential environment, free from all neglect,
- Ensure confidentiality, privacy, security, complaint resolution, spiritual care and communication. Any communication restrictions will be documented and explained to the patient and the family.
- Be informed of unanticipated outcomes.
- Receive an explanation and rationale if communication restrictions become necessary.
- Have confidential treatment of all communications and records pertaining to care in accordance with all state and federal medical record and patient confidentiality and privacy laws.
- Receive reasonable and relevant responses to any reasonable request for service.
- Leave the Facility, even if against medical advice.
- Expect reasonable continuity of care.
- Be informed of continuing health care requirements following discharge from the center.

PATIENT RESPONSIBILITIES

Patients have a responsibility to:

- Provide accurate and complete information to the best of their ability concerning their health, present complaints, past medical history, current medication, over the counter products, dietary supplements, allergies and sensitivities, and other matters relating to their health.
- Notify us of the existence of an Advance Directive (e.g. a living will)
- Bring any Advance Directive with them on the day of surgery.
- Inform their primary care physician or the Facility staff if information regarding an Advance Directive is desired.
- Make it known to their physician or the Facility staff whether they clearly comprehend the course of treatment and what is expected of them.
- Follow the treatment plan established by their physician, including the instructions of nurses and other health care professional as they carry out the physician's orders and to participate in their care.
- Keep your appointment(s) or to notify the Facility in advance if they are unable to do so.
- Provide a responsible adult to drive them home and stay with them 24 hours after surgery if required by your provider.
- Accept personal financial responsibility for charges not covered by their insurance, fulfill these as promptly as possible, and to cooperate with the Facility regarding billing, payment and insurance reimbursement.
- Behave respectfully toward all health care professionals and staff and be considerate of the rights of other patients and Facility personnel.

COMPLAINTS and GRIEVANCES

Our goal is to provide the best surgical experience possible while in our Facility. Patients, clients, families or visitors have the right to express complaints or grievances about any aspects of their care or experience with our ASC. Please be assured that expressing a complaint or concern will not compromise your care.



Patients are encouraged to voice complaints and resolve disputes at the time of service through direct and informal interactions with providers/staff. If you are not satisfied with your initial response you may contact our **Director at 206-320-7750**. The FHSC Director will research and respond to all complaints in a systematic, timely and confidential manner. If you are still unsatisfied with the response to your complaint, you may contact the WA State Department of Health or Office of the Medicare Beneficiary Ombudsman, whose contact information is below.

You have the right to contact the Washington State Department of Health or the Center for Medicare & Medicaid Services at any time with any concern or complaint.

Contact information for the WA State Department of Health and Office of the Medicare Beneficiary Ombudsman

Washington State Department of Health

Health Systems Quality Assurance

Complaint Intake

PO Box 47857

Olympia, WA 98504-7857

Phone: 360-236-4700

Toll Free: 800-633-6828

Email: HSQAComplaintIntake@doh.wa.gov

Office of the Medicare Beneficiary Ombudsman

<https://www.medicare.gov/basics/your-medicare-rights/get-help-with-your-rights-protections>

Toll Free: 800-MEDICARE