

Willowbend Surgery Center

Patient's Rights and Responsibilities

Willowbend Surgery Center presents Patients' Bill of Rights and Patient Responsibility with the expectation that they will contribute to more efficient patient care and greater satisfaction for the patient, family, physician, and center organization.

Patients have the following Rights and Responsibilities without regard to age, MX, religion, culture, physical handicap, or physical values/beliefs. You have the right to be free from any act of discrimination or reprisal.

PATIENT'S RIGHTS

You, the patient, have the right to accept or refuse medical care of treatment to the extent of the law. You will be informed of the medical consequences of such refusal. You are responsible for your actions should you refuse treatment or fail to follow your physician or clinic's instructions. You will be requested to sign a release of responsibility form.

You have the right to approve or refuse the release of your medical records to an Individual outside the clinic. The exceptions being in case of a transfer to another medical facility, required by law or third-party payment contract (your insurance company). You and your designated representative have the right to be fully informed before transfer to another facility. The care rendered reflects consideration of you as an Individual with personal values and a belief system.

You are allowed to express your spiritual beliefs and cultural practices that do not harm others or interfere with your planned care/medical Interventions.

Your designated representative has the right to participate in the consideration of ethical issues that arise during your care.

You have the right to be free of abuse and harassment.

You will be treated with consideration and respect, and full recognition of your dignity and individuality, including privacy in treatment and care. The surgery center will keep records and all personal matters that relate to you confidential.

If a state court has not judged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's right to the extent allowed by State law.

You have the right to change providers.

You will be provided with complete Information to the extent of the physician's knowledge regarding diagnosis, treatment, and prognosis as well as alternative treatment for procedures and the possible risks and side effects associated with the treatment process.

You will be informed about pain and pain relief measures. You can expect a concerned staff who are committed to pain prevention and effective pain management that believe your reports of pain and who respond quickly to your reports of pain.

You or a designated representative will be fully informed on the service and provisions for after-hours and emergency care available at the surgery center. You have the right to information regarding fees, payment policies, and may request an explanation of your bill regardless of the source of payment.

You have the right to inquire about the professional status of the Individuals providing your care.

You will receive the care you need to help you regain or maintain your maximum state of health.

You have the right to present an Advance Directive, living will or Power of Attorney. However, it is our policy that if an adverse event occurs during your treatment at this surgery center, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. Should you request information on Advance Directives, Information will be then provided to you. You have the right to refuse to participate in experimental research.

PATIENTS RESPONSIBILITIES

You have the responsibility to observe the rules and regulations of the center for your stay and treatment IF the instructions by the clinic staff are not followed, you may forfeit the designated plan of care at the clinic and you will be responsible for your own outcomes. You are responsible for promptly fulfilling your financial obligations to the clinic.

You have the responsibility to be considerate of other patients, families, and personnel by assisting in the control of noise, smoking and other distractions.

You and your family are expected to respect the property of others.

You are required to have a driver with you if you are undergoing any procedure with anesthesia or sedation.

You are responsible for reporting to the staff whether or not you understand the planned course of your treatment and what is expected of you. You have the responsibility to ask your doctor or nurse any question you have concerning pain management or pain regimen and to assist your doctor or nurse in assessing your pain. You are expected to tell your doctor or nurse about any concerns you have about talking pain medication.

You are responsible for notifying the center or your physician if you cannot keep your appointment.

You and your family are responsible for providing the caregivers with accurate and complete information regarding present conditions, past illnesses, hospitalizations, medications, or any other pertinent medical history.

It is your responsibility to fully participate in decisions involving your care and to accept the consequences of these decisions.

You are expected to follow up on your doctor's Instructions, take medications when prescribed, and ask questions concerning your health care that you feel are necessary.

GRIEVANCE POLICY STATEMENT

Willowbend Surgery Center provides for and always welcomes the expression of grievances/complaints and suggestions by the patient and patients' family. This feedback allows the center to understand and improve the patient's care and environment. Every patient has the right to file a grievance with the facility's Administrator. Grievance will be investigated, and a response will be made within 14 working days of filing. If the patient is not satisfied, the process is given to the Medical Director. In the event the problem is still not resolved the patient has the right to file a complaint with the Texas Department of Health or AAAHC.

Willowbend Surgery Center	Health Facility Compliance Division	Centers for Medicare Services	AAAHC
2633 Dallas Pkwy Ste 102	P.O. Box 149347	7500 Security Blvd	5250 Old Orchard Rd Ste 200
Plano TX 75093	Austin TX 78714	Baltimore MD	Skokie, IL 60077
972.403.7733	888.973.4002	www.cms.gov/center/ombudsman.asp	complaints@aaahc.org

Complaints may be registered with the department by phone or writing. A complainant may provide his/her name, address, and phone number department. Anonymous complaint may be registered. All complaints are confidential. The main goal of the surgery center is to provide excellent care for every patient. Every patient is encouraged to ask questions. By signing this document, I acknowledge that I have read and understood its contents and agree to this document as described.

Patients Signature: _____ Date: _____