Willowbend Surgery Center

PATIENT'S RIGHTS

• You, the patient, have the right to accept or refuse medical care or 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 surgery center'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 record to an individual outside the surgery center. The exceptions being in the case of a transfer to another medical facility, required by law or third-party payment contract (your insurance company). Your and or your designated representative has the right to be fully informed before transferring 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 no harm to 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 will be treated with consideration, respect, and full recognition of individuality, including privacy in treatment and care. The surgery center will keep records and all personal matters that relate to you confidential.

• 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 who believes your reports of pain and who respond quickly to your reports of pain.

• You or a designated representative will be fully informed on the services 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 individuals providing your care.
- You will receive the care needed 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.