

# YOUR PATIENT'S RIGHTS & RESPONSIBILITIES

## YOUR SAFETY

### CONCERNS, COMPLAINTS OR QUESTIONS

#### DO YOU HAVE CONCERNS OR COMPLAINTS?

Each patient has the right to express suggestions, complaints and/ or grievances. Please tell us about any problems or concerns you have with your privacy rights, with how Banner Surgery Centers uses or discloses information about you, or with the treatment you received or failed to receive. If you have a concern, please contact Banner Surgery Centers at (602) 216-1309. If for some reason your concern is not resolved, you may also register a complaint by contacting The Colorado Department of Public Health, Health Facilities Division, Complaint Division, 4300 Cherry Creek Dr. South, Denver CO 80246, (303)692-2836 [www.healthfacilities.info](http://www.healthfacilities.info) or for physician concerns: DORA, Department of Regulatory Agency, 1560 Broadway, Suite 1350, Denver, CO 80202, (303)894-7855 <https://www.colorado.gov/dora/licensing/> or Office of the Medicare Beneficiary Ombudsman at <http://www.medicare.gov/navigation/help-and-support/ombudsman.aspx>

#### DO YOU HAVE QUESTIONS?

Banner Surgery Centers is required by law to give you this Notice and to follow terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how we may use and disclose information about you, please contact the Surgery Center Administrator.

#### YOUR RIGHTS AS A PATIENT

Each patient has the right:

- ◆ To be admitted to the facility for treatment without regard to age, race, color, religion, sex or origin
- ◆ To be treated with respect, consideration and dignity
- ◆ To expect quality care and service from this Center
- ◆ To know, in advance, the estimated amount for services
- ◆ To receive an explanation of the final bill, regardless of source of payment
- ◆ To full consideration of privacy concerning your medical care
- ◆ To information concerning your diagnosis, treatment and prognosis, to the degree known, in terms you can understand. If concern for your health makes it inadvisable to give such information to you, such information shall be made available to an individual designated by you or to a legally authorized individual.
- ◆ To receive from your physician sufficient information to be able to understand the procedure or treatment being received in order to sign the operative consent
- ◆ To confidential treatment of your medical records and to know that you are given the opportunity to approve or refuse their release to outside parties except when otherwise required by law
- ◆ To refuse treatment and to be informed of the consequences of this action
- ◆ To receive prompt pain assessment, treatment and information concerning pain prevention and/or relief measures
- ◆ To be given the opportunity to participate in decisions involving your health care, including changing providers if other qualified providers are available, without being subject to discrimination or retaliation. An exception would be when such participation is medically contraindicated
- ◆ To be informed of any persons other than routine personnel that would be observing or participating in the treatment
- ◆ To know if any research will be done during your treatment and the right to refuse
- ◆ To be informed of continuing health care you will receive following discharge
- ◆ To know methods for expressing grievances and suggestions and the right to voice them
- ◆ To be free from chemical, physical, and psychological abuse or neglect
- ◆ To associate privately with a person of the patient's choice
- ◆ To be free of physical restraints with the exception of an emergency when restraint is necessary to protect the patient from injury to self or others, and is authorized by the attending physician
- ◆ To be made aware, prior to the procedure, that your physician(s) may have ownership or investment interest in the facility
- ◆ To have access to a public telephone
- ◆ To receive written discharge instructions prior to leaving the facility

#### YOUR RESPONSIBILITIES AS A PATIENT

Each patient has the responsibility:

- ◆ To read and understand all permits and/or consents you sign. If you do not understand, it is your responsibility to ask the nurse or physician for clarification.
- ◆ To read and reach your own decisions regarding Advance Directives
- ◆ To provide, to the best of your knowledge, accurate and complete information regarding your health, medications and past treatments
- ◆ To follow any pre-operative written or oral instructions from the physician or surgical center
- ◆ To notify the physician or surgical center if these instructions have not been followed
- ◆ To provide an adult to transport you home after surgery if you have received medications and/or anesthesia
- ◆ To provide for someone to be responsible for your care for the first 24 hours after your procedure
- ◆ To follow carefully any written or verbal post-op instructions from your physician(s) or nurse(s)
- ◆ To contact your physician regarding any post-operative question or problem
- ◆ To assure all financial obligations for services are fulfilled as promptly as possible and to assume ultimate responsibility for payment regardless of insurance coverage
- ◆ To notify the surgical center if you feel any rights have been violated, or if you have a complaint or a suggestion for improvement, by returning your patient survey card
- ◆ To cooperate with your health team in developing a pain management plan which includes assisting your doctors and nurses to assess your pain, requesting pain relief when pain first begins and informing your doctors and nurses when pain is not relieved

#### WE CARE ABOUT YOUR SAFETY.....

We need your help in giving you the best and safest care while providing you with a safe and secure environment. You may not know about the latest technologies or medicines, but you and your family know your body and health habits better than anyone.

#### It is our responsibility to help you understand your care.

- ☉ Whenever you have questions or concerns, ask us! It is your body and you have a right to know.
- ☉ If you don't understand the answer, ask again.
- ☉ If you are concerned about something, tell us.

#### You have the right to:

- ☉ Expect reasonable safety and security in our Outpatient Surgery practices and environment
- ☉ Be free from chemical or physical restraints and seclusion unless clinically necessary
- ☉ Be protected from any form of physical abuse, physical punishment, sexual abuse, verbal abuse and psychological abuse including humiliating, threatening and exploitative actions.
- ☉ Seek advocacy services to investigate and/or protect you following hospitalization from abuse, neglect and/or fraud.
- ◆ All Banner Surgery Centers caregivers wear ID badges that include their name, photo and dept. Before anyone gives you care, if you do not see a name badge, ask who they are and where they are from.
- ◆ When a caregiver approaches you, they should tell you why they are there and what they will be doing. If the person does not explain, ask.
- ◆ If you are concerned or have questions, ask your nurse.
- ◆ Know the names, doses and the times you take your medicines. Bring a list of ALL of your medicines.
- ◆ Do not forget to list ALL of your allergies.
- ◆ Advance Directives will be honored per policy.