I. Each patient (or as appropriate, the patient’s legal representative designated by the patient and/or by a court of proper jurisdiction in accordance with state law) treated at this Center has the right to:

A. Be treated with respect, consideration, and dignity.
B. Respectful care given by competent personnel with consideration of their privacy concerning their medical care.
C. Be given the name of their attending physician, the names of all other physicians directly assisting in their care, and the names and functions of other health care persons having direct contact with the patient.
D. Have records pertaining to their medical care treated as confidential (except when release is required by law, patients are given the opportunity to approve or refuse their release).
E. Know what surgery center rules and regulations apply to their conduct as a patient.
F. Expect emergency procedures to be implemented without necessary delay.
G. Absence of clinically unnecessary diagnostic or therapeutic procedures.
H. Expedient and professional transfer to another facility when medically necessary and to have the responsible person and the facility that the patient is transferred to notified prior to transfer.
I. Treatment that is consistent with clinical impression or working diagnosis.
J. Good quality care and high professional standards that are continually maintained and reviewed.
K. An increased likelihood of desired health outcomes.
L. Full information in layman’s terms concerning appropriate and timely diagnosis, treatment, and preventive measures; if it is not medically advisable to provide this information to the patient, the information shall be given to the responsible person on his/her behalf.
M. Receive a second opinion concerning the proposed surgical procedure, if requested.
N. Accessible and available health services; information on after-hour and emergency care.
O. Give an informed consent* to the physician (*after being fully informed or risks, benefits, expected outcome of a surgery/procedure), prior to the start of a procedure.
P. Be advised of participation in a medical care research program or donor program; the patient shall give consent prior to participation in such a program; a patient may also refuse to continue in a program that has previously given informed consent to participate in.
Q. Receive appropriate and timely follow-up information of abnormal findings and tests.
R. Receive appropriate and timely referrals and consultation.
S. Receive information regarding “continuity of care”.
T. Refuse drugs or procedures and have a physician explain the medical consequences of the drugs or procedures.
U. Appropriate specialty consultative services made available by prior arrangement.
V. Medical and nursing services without discrimination based upon age, race, color, religion, sex, national origin, handicap, disability, or source of payment.
W. Have access to an interpreter whenever possible.
X. Be provided with, upon written request, access to all information contained in their medical record.
Y. Accurate information regarding the competence and capabilities of the organization.
Z. Receive information regarding methods of expressing suggestions or grievances to the organization.
AA. Voice grievances regarding treatment or care that is (or fails to be) furnished
BB. Appropriate information regarding the absence of malpractice insurance coverage.
CC. Change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
DD. Health services provided are consistent with current professional knowledge.
EE. Appropriate assessment and management of pain.
FF. Participate in their own healthcare decisions except if this is contraindicated due to medical reasons.
GG. Receive a Patient Privacy Notice that provides an explanation of how their protected health information is utilized and also to those that may need to receive it.
HH. Receive information regarding fees for service (including itemized statements upon request), copayments, and any other necessary financial arrangements pertaining to their care.
II. A verbal and written notice of these patient rights and responsibilities, receive information pertaining to the facility’s policy for advance directives (including a description of applicable State health and safety laws and if requested, official State advanced directive forms), written disclosure of physician financial interests or ownership, all of which must be provided prior to the surgery and/or procedure.
JJ. Receive care in a safe setting and one that is free of all forms of abuse or harassment.
KK. To exercise his or her rights without being subjected to discrimination or reprisal.

II. Prior to receiving care, patients are informed of their responsibilities. Each patient treated at this facility has the responsibility to:
A. Provide the center staff with complete, accurate health information, any medications including over-the-counter products, dietary supplements and any allergies or sensitivities.
B. Follow the treatment plan prescribed by his/her provider and participate in his/her care.
C. Provide a responsible adult to transport the patient home from the facility and remain with him/her for 24 hours if required by his/her provider.
D. Inform the corresponding provider about any advance directive (such as a living will or medical power of attorney) that could affect his/her care.
E. Fulfill financial responsibility, for all services received, as determined by the patient’s insurance carrier.
F. Be respectful of all healthcare professionals, staff and other patients.
G. Inform a facility staff member regarding any of the following:
   1. If they feel that their privacy has been violated
   2. If their safety is being threatened
   If they feel a need/desire to file a grievance please contact the Administrator at Lawrence Surgery Center 1-785-832-0588 or the Kansas Department of Health Hotline 1-800-842-0078.

Any questions, comments or complaints regarding your Medicare coverage there is a courtesy phone available to call the Medicare Help Desk 1-800-633-4227.

The Medicare Ombudsman address and website are:

PO Box 7238
Madison, WI  53707-7238
www.cms.hhs.gov