Patient Rights

As a patient, or parent or legal guardian of a minor patient, you have the right to:

• Be informed of your rights before patient care is furnished or discontinued whenever possible, and understand that your rights will be respected and you will not be required to waive any of these rights as a condition of treatment at our center.

• Be treated with respect, consideration and dignity by all facility personnel.

• Receive care in a safe and secure setting without discrimination.

• Receive effective communication appropriate to your language and level of understanding.

• Know the name, identity and professional status of those persons providing services to you, including your primary provider.

• Receive complete and current information concerning your diagnosis, treatment and prognosis in terms you can understand. When it is not medically advisable to give you such information, it should be made available to an appropriate person on your behalf.

• Be given an explanation of any proposed procedure or treatment. The explanation should include a description of the nature and purpose of the treatment or procedure; the known risks or serious side effects; and treatment alternatives.

• Make informed decisions about your care.

• Participate in developing and implementing your plan of care. Understand that we will educate and empower our patients to be active members of their healthcare team.

• Refuse medical care or specific treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.

• Request transfer of your care to another physician or facility only after having received complete information and explanation concerning the need for, and alternative to, such a transfer.

• Know that we will strive to provide and protect your privacy during your stay with us. Care, discussion, consultation, examination and treatments are confidential and should be conducted discreetly. You have the right to exclude those persons not directly involved in your care.

• Expect that all communications and clinical records pertaining to your care will be treated confidentially.

• Access, request amendment to and receive an accounting of disclosure regarding information contained in your medical records within a reasonable time frame as permitted by law.

• Approve or refuse the release of medical records to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party/payment contract.

• Exercise cultural and spiritual beliefs that do not interfere with the well being of others or the planned course of medical therapy for you. LSC will respect and value divergent cultures, backgrounds, religions and heritage.

• Know if your care involves any experimental methods of treatment, and if so, you have the right to consent or refuse to participate.

• Be informed by your practitioner of any continuing healthcare requirements following discharge.

• Examine your bill and receive an explanation of the charges and payment policies, regardless of the source of payment for your care.

• Understand that we will bill for services accurately and only for services rendered.

• Have and Advanced Directive and be informed as to the facility’s policy regarding advance directives/living wills. The existence or lack of an Advanced Directive does not determine your access to care, treatment or services.

• Information regarding preparation of an Advance Directive.

• Be informed about our procedures for expressing suggestions, complaints and grievances, including those required by state and federal regulations. Understand that we will seek to resolve any conflicts fairly and objectively.

• Express concerns regarding our facilities, our employees, agents or staff either verbally or in writing.

• File any complaints/grievance with the administration at Lakeview and receive an appropriate response within ten (10) business days. Contact information for administration is Lakeview Surgery Center – Administration, 1750 60th Street, West Des Moines, Iowa 50266. The phone number is 515-273-5240.

• Refer complaints or grievances regarding quality of care, premature discharge or beneficiary complaints to the Iowa Department of Inspection and Appeals, Health Facilities Division, Lucas State Office Building, Des Moines, Iowa 50319. The phone number is 1-877-686-0027. Medicare patients may also refer concerns to the Iowa Foundation for Medical Care (IFMC), the Medicare quality improvement organization for Iowa. The IFMC may be reached at 515-223-2900 or at this address: 6000 Westown Parkway, West Des Moines, Iowa 50266. Complaints may also be referred to the Medicare Beneficiary Ombudsman at http://www.medicare.gov/Ombudsman/resources.asp.

• Receive information about rights as a Medicare beneficiary at admission.

• Be free from all forms of abuse or harassment. All persons are entitled to an environment that is free of verbal, physical and sexual harassment.

• Have appropriate assessment and management of pain.

• Be informed about the outcomes of your care, including unanticipated outcomes with provisions for after-hours and emergency care.

• Know that we will fairly and accurately represent our capabilities and ourselves in our center and in our marketing endeavors.

• Understand that if your physician is a member of the Iowa Clinic, they have a financial interest/ownership in the center and you have the right to have your procedure performed elsewhere.

• Understand that we will respond to patients who need protective services and assist in accessing the appropriate intervention.

As a patient, you have the responsibility:

• To provide accurate and complete information to the best of your ability about present complaints, past illnesses, hospitalizations, medications, allergies and other matters relating to your health, and reporting, perceived risks in your care and unexpected changes in your condition, and whether you clearly comprehend a contemplated course or action and what is expected.

• To follow the treatment plan recommended by your practitioner primarily responsible for your care. This may include following the instructions of nurses as they implement the practitioner's orders and enforce the applicable rules and regulations of the center.

• Provide a responsible adult for transport after discharge from the center and to care for you at home if required by your practitioner.

• Inform your provider about any living will, medical power of attorney, or other advance directive that could affect your care.

• For your actions if you refuse treatment or if you do not follow the practitioners' instructions.

• Accept personal financial responsibility for any charges not covered by your insurance carrier.

• To assure that the financial obligations of your care are fulfilled as promptly as possible.

• To follow Lakeview Surgery Center rules and regulations affecting patient care and conduct.

• To be considerate and respectful of the rights of other patients and Lakeview Surgery Center personnel.

• To ask questions when you do not understand what you have been told about your care and what you are expected to do.