

## **PATIENT RIGHTS AND RESPONSIBILITIES**

Patient Rights and Responsibilities have been established with the expectation that the observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, family, physician and the facility caring for the patient. Patients shall have the following rights without regard to age, race, sex, national origin, religion, culture, physical handicap, personal values or belief systems.

THE PATIENT HAS THE RIGHT TO:

Be treated with respect, consideration and dignity and receive care in a safe setting

Be free from any act of discrimination or reprisal

Have the right to be free from and protected from all forms of abuse, neglect or harassment and have access to protective services; only substantiated allegations of abuse, neglect, etc. must be reported to the state and local authority.

Personal privacy and expect full recognition of individuality, including privacy in treatment and care. Expect confidentiality, privacy, security, complaint resolution, spiritual care and communication. If communication restrictions are necessary for patient care and safety, the facility must document and explain the restrictions to the patient and family.

Complain about their care and treatment, voice grievances regarding treatment or care that (or fails to be) provided without fear of retribution or denial and to have timely complaint resolution

Be fully informed about their diagnosis, treatment or procedure and the expected outcome before the procedure is performed and agree to care

Be involved in all aspects of their care including refusing care and treatment and resolving problems with care decisions

Be informed of unanticipated outcomes according to RCW 70.230.150

Have family input in care decision, in compliance with existing legal directives of the patient or existing court issued legal orders

Be provided with a written copy of these rights that comply with the rules for privacy and security of health information and receive the center's policy regarding advance directives and to be informed if your physician is an owner of the surgery center

Be informed of any research, investigation, and clinical trials including how to authorize research, ensure that staff follows informed consent laws and not hindering the patient's access to care if a patient refuses to participate in research

Federal Civil Rights Laws which does not discriminate on the basis of race, color, national origin, religion, handicap disability, age, sex, culture, personal values or belief systems.

Know anticipated financial charges in advance and be informed of the payment policies of the center

If a patient is adjudicated incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf

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

You have the right to express grievances regarding treatment or care that is, or fails to be, furnished. You may file a grievance and/or file a complaint either directly to this center, AAAASF, CMS or the Washington State Department of Health.

You have the right to know that your surgeon, Dr. Kevin Michels and Dr. Talmage Broadbent, MD, PhD, are the owners of NEOS Surgery Center.

You have a right to participate in your own healthcare decisions and to make advance directives regarding such decisions.

**AS A PATIENT, YOU HAVE THE RESPONSIBILITY FOR:**

1. Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate practitioner(s) including suspected or known allergies, current medications, herbs or supplements you may be taking
2. Following the treatment plan recommended by the primary practitioner involved in your care, including the instruction of nurses and other health professional as they carry out the physician's orders
3. Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery for all procedures requiring any sedation other than topical or local anesthesia.
4. Indicating whether you clearly understand a contemplated course of action and what is expected of you
5. Your actions if you refuse treatment, leave the facility against the advice of the practitioner, and/or do not follow the practitioner's instructions relating to your case
6. Assuring that the financial obligations of your health care are fulfilled as expediently as possible by providing accurate insurance and/or credit information
7. Providing information about and/or copies of any living will, power of attorney or other directives that you desire us to know about
8. Be considerate of the rights of other patients and facility personnel, and respectful of your personal property and that of other persons in the facility.

**AS A VISITOR, YOU HAVE THE RESPONSIBILITY FOR:**

1. Respecting the privacy and confidentiality of all patients and other visitors
2. Treating staff and other visitors of the surgery center with consideration and respect
3. Respecting the quiet environment of the waiting room by going outside of the room to receive or make phone calls
4. Maintaining a safe environment and notifying surgery center staff of any potential dangers or problems that is observed while in the facility or immediately surrounding areas.

## **GRIEVANCES AND/OR COMPLAINTS**

### **Notice to all Patients**

You have the right to file a grievance and/or file a complaint directly to this center, with the Washington State Department of Health, the Centers for Medicare and Medicaid, or the AAAASF. If your complaint is to this center, it will be responded to verbally within two working days and you will have written resolution within ten working days.

To make a complaint directly to this center, please contact the Administrator either by phone or by mail at:

Northwest Eyelid and Orbital Specialists  
NEOS Surgery Center  
626 S. Sheridan St.  
Spokane, WA 99202  
Phone (509) 279-2176  
Fax (509) 279-2941

To file a complaint with the Washington Department of Health please either call them directly at the number below, print and fax a complaint form, or email them directly at the email listed below. Complaint forms are available on their website and are also available upon request at the surgery center.

Washington State Department of Health  
HSQA Complaint Intake  
P.O. Box 47857  
Olympia, WA 98504-7857  
Phone (360) 236-4700  
Toll Free (800) 633-6828  
Fax (360) 236-2626

Email: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

Medicare beneficiaries may receive information regarding their options under Medicare and their rights and protections by visiting the website for the Office of the Medicare Beneficiary Ombudsman at:

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

1800- MEDICARE (800-633-4227)

### **ADVANCE DIRECTIVES**

All patients have the right to participate in their own healthcare decision and to make advance directives regarding such decisions. The NEOS Surgery Center respects and upholds those rights; however, it is our policy regardless of the contents of any advanced directive or instructions that if an adverse event occurs during your treatment at the facility, we will initiate resuscitative or use other stabilizing measures and transfer you to an acute care facility. If you do not agree to this policy we will be pleased to assist you to reschedule your procedure elsewhere without reprisal. If you present an advanced directive at the time of admission it will be noted on your medical record and a copy will be delivered, along with a copy of your medical record, to the hospital if an adverse event necessitates a transfer as indicated above.

For more information regarding Washington State's advanced directives go to:

[http://www.Washington.gov/DCBS/SHIBA/advanced\\_directives.shtml](http://www.Washington.gov/DCBS/SHIBA/advanced_directives.shtml)

In addition, the Administrator will be happy to explain this policy and assist you with obtaining more information and forms.