



PATIENTS RIGHTS AND RESPONSIBILITIES

This information is to inform the patient or the patient's representative, or surrogate of the patient's rights and the Center must protect and promote the exercise of these rights by following the patient's rights that are listed in this document.

The Center observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental being, economic status, personal values or belief systems. The patient has the right to exercise his or her rights without subject to discrimination or reprisal: to voice grievance regarding treatment or care that is, or fails to be, furnished; to be fully informed about a treatment or procedure and the expected outcome before it is performed; and to the confidentiality of personal medical information. The patient has the right to personal privacy, to receive care in a safe setting and to be free of all forms of abuse and harassment and restraint. Patient has a right to be protected from misappropriation of all personal and private property by the Centers staff.

THE PATIENT HAS THE RIGHT TO:

- Be informed of their right to change their provider if other qualified providers are available.
- Be treated with respect, consideration, and dignity.
- Be provided with information concerning services available at the facility; provisions for after-hours care and emergency care; fee for services; payment policies.
- Expect full recognition of individuality, including personal privacy in treatment and care.
In addition, all disclosures and records will be treated confidentially, and except when required by law, patients are given the opportunity to approve or refuse their release.
- Expect the facility to comply with the Federal Civil Rights laws that assure it will provide interpretation for individuals who are not proficient in English.
- Participate in decisions involving their health care, except when such participation is contraindicated.
- Receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities.
- Receive a referral to another health care institution if the outpatient surgical center is unable to provide health services for the patient.
- Consent to photographs of the patient before a patient is photographed.
- File a grievance if concerned about the care they received.
- Be provided with complete information concerning their diagnosis, evaluation, and treatment and prognosis. When it is medically inadvisable to give such information to the patient, the information shall be provided to a person designated by the patient or to a legally authorized person.
- You have the right to voice your concern about the care you receive. If you have a problem or complaint, you may talk with your physician, nursing unit director, or an administrative representative.
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Receive copies of his/her medical record upon request.
- To be notified in the event of a breach of their individual Protected Health Information.
- To opt out of communications for fundraising activities
- Be informed of procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations.
- To refuse treatment to the extent permitted by law and be informed of the medical consequences of such a refusal. The patient accepts responsibility for his or her actions should he or she refuses treatment or not follow instructions of the physician or facility.
- To be informed of any human experimentation or other research/education projects affecting his or her care or treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- To be informed as to the facility's policy regarding advance directives/living wills.
- To be respectful of all the health care providers and staff, as well as other patients
- To be informed of credentials of health care professionals if requested
- To be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the transfer.
- To have an initial and regular reassessment of pain.
- To be provided information or patient representative concerning the Center's **Advanced Directive Policies** and any questions or concerns will be discussed with the Physician.



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THE PATIENT IS RESPONSIBLE FOR:

- Providing complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any drug allergies or sensitivities.
- **ADVANCED DIRECTIVES:** Inform his or her provider about any living will, medical power of attorney or other directive that could affect his/her care.
- If you have a **DNR (do not resuscitate)** please notify office and bring to your appointment.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his /her provider.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Be informed as to the facility's policy regarding advance directives/living wills.
- Be respectful of all the health care providers and staff, as well as other patients.
- Be informed of credentials of health care professionals if requested.
- Be considerate of other patients and personnel and for assisting in the control of noise, smoking, and other distractions.
- Payment to facility for copies of the medical records the patient may request.
- Follow the treatment plan prescribed by his /her provider.

The information for Medicare beneficiaries, or their representative or surrogates, that the phone number below for Medicare Beneficiaries is to inform the patient of the role of the Medicare Beneficiary Ombudsman is to ensure that the Medicare Beneficiaries receive the information and help they need to understand their Medicare options and to apply their Medicare rights and protections.

PATIENTS HAVE THE RIGHT TO FILE A COMPLAINT WITH THE DEPARTMENT ABOUT THE OUTPATIENT SURGERY CENTER AT THE ADDRESS BELOW.

**5852 S. Durango Dr., Unit 100
Las Vegas, NV 89113**

If a complaint is not resolved to your satisfaction, you have the right to contact:

**Facility Director: Administrator
Phone: (702)936-3669**

**Director of Clinical Compliance of AAAASF
Ilana Wolf
Phone (888)545-5222
Email: info@aaaasf.org**

**Dept of Health Bureau of Health Care Quality & Compliance
Phone: (702)668-3250
Office of Medicare Beneficiary Ombudsman
Phone: 1-800-MEDICARE (1-800-633-4227)
Website: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>**