

## **SURGERY CENTER OF THE NORTHLAND**

### **Patient Rights**

PCASC, LLC dba Surgery Center of the Northland (“Facility”) adopts and affirms as policy the following rights of patient/clients who receive services from our Facility. The Facility will provide the patient, the patient’s representative or surrogate verbal and written notice of such rights in advance of the procedure in accordance with 42 C.F.R. § 416.50 Condition for Coverage - Patient Rights. The patient rights are as follows:

- Treatment without discrimination as to age, race, color, religion, sex, sexual orientation, national origin, political belief, or handicap. It is our intention to treat each patient as a unique individual in a manner that recognizes their basic human rights.
- Considerate and respectful care including consideration of psychosocial, spiritual, and cultural variables that influence the perceptions of illness.
- Be free from any act of discrimination or reprisal against the patient merely because he or she has exercised their rights.
- Receive, upon request, the names of physicians directly participating in your care and of all personnel participating in your care.
- Obtain from the person responsible for your health care complete and current information concerning your diagnosis, treatment, and expected outlook in terms you can be reasonably expected to understand. When it is not medically advisable to give such information to you, the information shall be made available to an appropriate person in your behalf.
- The patient may wish to delegate his/her right to make informed decisions to another person, even though the patient is not incapacitated. To the extent permitted by State law, the ASC must respect such delegation.
- Receive information necessary to give informed consent prior to the start of any procedure and/or treatment, except for emergency situations. This information shall include as a minimum an explanation of the specific procedure or treatment itself, its value and significant risks, and an explanation of other appropriate treatment methods, if any.
- The patient may elect to refuse treatment. In this event, the patient must be informed of the medical consequences of this action. In the case of a patient who is mentally incapable of making a rational decision, approval will be obtained from the guardian, next-of-kin, or other person legally entitled to give such approval. The facility will make every effort to inform the patient of alternative facilities for treatment if we are unable to provide the necessary treatment.
- The facility will provide the patient or, as appropriate the patient’s representative or surrogate with written information concerning its policies on advance directives, including a description of applicable State health and safety laws and, if requested, official State advance directive forms, if such exist. Access to health care at this facility will not be conditioned upon the existence of an advance directive.
- You may appoint a patient representative or surrogate to make health decisions on your behalf, to the extent permitted by law.
- Privacy to the extent consistent with adequate medical care. Case discussions, consultation, examination, and treatment are confidential and should be conducted discreetly.
- Privacy and confidentiality of all records pertaining to your treatment, except as otherwise provided by law or third party payment contract.
- A reasonable response to your request for services customarily rendered by the facility, and consistent with your treatment.

- Expect reasonable continuity of care and to be informed, by the person responsible for your health care, of possible continuing health care requirements following discharge, if any.
- The identity, upon request, of all health care personnel and health care institutions authorized to assist in your treatment.
- Refuse to participate in research or be advised if your personal physician and/or facility propose to engage in or perform human experimentation affecting his/her care or treatment. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment, or services.
- Upon patient request, examine and receive a detailed explanation of your bill including an itemized bill for services received, regardless of sources of payment.
- Know the facility's rules and regulations that apply to your conduct as a patient.
- Be advised of the facility grievance process. The investigation of all grievances made by a patient, the patient's representative or surrogate regarding treatment of care that is (or fails to be) furnished. Notification of the grievance process includes: who to contact to file a grievance, and that the patient, the patient's representative or surrogate will be provided with a written notice of the grievance determination that contains the name of the contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance, and the grievance completion date.
- Complaints or criticisms will not serve to compromise future access to care at this facility. Staff will gladly advise you of procedures for registering complaints or to voice grievances including but not limited to grievances regarding treatment or care that is (or fails to be) furnished.
- Access and copy information in the medical record at any time during or after the course of treatment. If patient is incompetent, the record will be made available to his/her representative and/or surrogate.
- Expect to be cared for in a safe setting regarding: patient environmental safety, infection control, security, and freedom from abuse or harassment.
- Receive care free of restraints, unless medically reasonable issues have been assessed and pose a greater health risk without restraints.
- Participate in the development, implementation, and revision of his/her care plan.
- The right to change providers if other qualified providers are available.

### **Complaints May Be Directed to the Following:**

- Facility Contact: PCASC, LLC dba Surgery Center of the Northland, Attn: Privacy Officer, 1101 Kentucky Avenue, Platte City, MO 64079, (816) 422-5980
- State Agency: Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102 P: (573) 751-6303, F: (573) 526-3621, <https://health.mo.gov/safety/healthservregs/complaints.php>
- Missouri Department of Health and Senior Services Ombudsman Program: (800) 309-3282, <https://www.health.mo.gov/seniors/ombudsman>
- Mid-America Regional Council: (816) 474-4240, <https://www.marc.org/>
- Medicare Beneficiary Ombudsman: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> or 1-800-633-4227