

PHYSICIANS' SURGICAL CENTER

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient, you have the *right* to:

1. Receive respectful and safe care delivered by competent personnel.
2. Be informed of patient rights during the admission process.
3. Be informed in advance about care and treatment and related risks and benefits.
4. Make informed decisions regarding care and treatment and to receive information necessary to make those decisions.
5. Refuse care and treatment and to be informed of the medical consequences of refusing such.
6. Formulate advance directives and to have the health clinic comply with the directives unless the clinic notifies the patient of the inability to do so.
7. Personal privacy and confidentiality of medical records
8. Be free from mental, physical, sexual, and verbal abuse, neglect, harassment and/or exploitation and to expect any and all allegations, observations or suspected cases of abuse, neglect and/or exploitation that occur in the organization will be investigated.
9. Access information contained in his/her medical record within a reasonable time when requested.
10. Receive health services without discrimination based upon race, color, religion, gender, national origin, or payer.
11. Voice complaints and grievances without discrimination or reprisal and have those complaints and grievances addressed in a timely manner.
12. Be advised when the facility proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
13. Expect reasonable continuity of care and to know in advance what physicians are available and when. You have the right to expect that the facility will provide a mechanism whereby your physician, or a delegate of the physician, will be informed of your continuing health care requirements following discharge. In addition, you have the right to request to change your provider at any time if other qualified providers are available.
14. Be informed of fees for services and payment policies as well as any charges above what your insurance will pay and, when applicable, the availability of free or reduced cost treatment, to receive an itemized copy of your account statement, upon request, and to be provided an explanation of your bill regardless of the source of payment.
15. Know what Facility rules and regulations apply to your conduct as a patient; e.g., the patient is responsible for providing information about his/her health, including past illnesses, past surgical procedures, hospitalizations and medications.

NOTE: If a court of proper jurisdiction has granted guardianship of the patient to another party, such party may exercise these patient's rights and shall be expected to abide by these patient's responsibilities.

*If you have a complaint against this Ambulatory Surgical Center, call the **Nebraska DHHS Complaint Line 402-471-0316** or write to:*

DHHS, Division of Public Health Licensure Unit
Acute Care Facilities
PO Box 95986, Lincoln, NE 68509
Fax 402-471-1679

Web www.dhhs.ne.gov/crl/invest/invest.htm

AND/OR Contact the Center for Medicare and Medicaid Services (CMS) Ombudsman at <http://www.medicare.gov/Ombudsman/activities.asp>

For complaint forms, call 1-888-419-3457 (press 2)