**Patient Rights**

**Each patient treated at the Ky Advanced Surgical Center has the right to:**

1. Be treated with respect, consideration, and dignity.
2. Be afforded appropriate personal privacy at check in and during evaluation and treatment areas
3. Delegate to a representative to responsibility to oversee the patient’s rights in the event that the patient has been judged legally incompetent.
4. Be given verbal and written notice of rights and responsibilities in a langua
5. ge and manner that ensures the patient, the representative or surrogate understands.
6. Receive full information in layman’s terms concerning appropriate and timely diagnosis, evaluation, treatment, prognosis and preventive measures; if it is not medically advisable to provide this information to the patient, the information shall be given to the responsible person on his/her behalf.
7. To participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
8. Receive information on the services, fees and payment policies of the center.
9. Receive information on after-hour and emergency care.
10. Obtain information on the center’s policy on the patient's advance directives.
11. Be provided information on the credentials of the health care professionals at the center.
12. Receive information regarding the absence of malpractice insurance, if applicable.
13. Voice or file complaints or grievances regarding treatment or care that is (or fails to be) furnished.
14. Receive information regarding the credentials of healthcare professionals.
15. Change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
16. Receive an informed consent for the procedure and administration of any anesthetic.
17. Be given the name of their attending physician, the names of all other physicians directly assisting in their care, and the names and functions of other health care persons having direct contact with the patient.
18. Be given, in writing if requested, a list of physicians who have financial interest or ownership in the center.
19. Be free from any act of discrimination or reprisal and to be free from all forms of abuse or harassment.
20. Be provided medical and nursing services without discrimination based upon race, religion, color, national origin, sex, age, disability, marital status or source of payment, nor shall any such care be denied on account of the patient’s sexual orientation.
21. Receive care in a safe setting by competent and appropriately qualified personnel
22. Have records pertaining to their medical care treated as confidential.
23. Expect emergency procedures to be implemented without necessary delay.
24. The expedient and professional transfer to another facility when medically necessary and to have the responsible person and the facility that the patient is transferred to notified prior to transfer.
25. Be provided with, upon written request, access to all information contained in their medical record.
26. Refuse drugs or procedures and have a physician explain the medical consequences of the drugs or procedures.
27. Be advised of participation in a medical care research program or donor program; the patient shall give consent prior to participation in such a program; a patient may also refuse to continue in a program that has previously given informed consent to participate in.
28. Receive appropriate and timely follow-up information of abnormal findings and tests.
29. Receive appropriate and timely referrals and consultation.
30. Receive information regarding “continuity of care”.
31. Expect the absence of clinically unnecessary diagnostic or therapeutic procedures.
32. When the need arises, provisions are made for healthcare practitioners and other staff to communicate with patients in the language primarily used by them or provide interpretation services In addition, the staff will provide services to communicate with the hearing impaired.

## **Patient Responsibilities**

**Each patient treated at the KY Advanced Surgical Center has the responsibility to:**

1. Provide complete and accurate information to the best of their ability about their medical history including

medications, over-the counter products, dietary supplements, and any allergies or sensitivities.

1. Follow the treatment plan established by the physician, including instructions of nurses and other health care professionals as they carry out the physician’s orders.
2. Arrange for a responsible adult to drive you home
3. Fulfill financial responsibility, for all services received, as determined by the patient’s insurance carrier.
4. Provide the surgery center with all information regarding third-party insurance coverage.
5. Behave respectfully toward all health care professionals, as well as other patients.
6. Keep your appointment and notify the facility if you are unable to do so.
7. Read and understand all the consents you sign. Please ask questions for clarification before signing consents.
8. Carry identification with you.
9. Let us know if you don’t understand any part of your treatment. Ask questions and take part in your healthcare decisions.
10. Let us know when you are having pain or when your pain is not being managed.
11. Respect the Center’s property and equipment.

**Grievance & Complaints**

1. All allegations must be immediately reported to a person in authority in the organization.
2. Any complaint received from a patient while in the facility or after discharge will be forwarded to the Administrator. The Administrator will channel the complaint to the appropriate department if necessary.
3. Complaints received by telephone will be transferred to the Administrator. If the Administrator is unavailable, the Medical Director should receive the call.
4. When a complaint is received from a patient an Adverse Incident Report will be completed.
5. All alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.
6. The ASC, in responding to the grievance, must investigate all grievances made by a patient or the patient’s representative, or the patient’s surrogate, regarding treatment or care that is (or fails to be) furnished.
7. Patient complaints will be addressed as soon as possible and grievances will be addressed within 30 business days. Every effort should be made to resolve the patient’s problem. This may be in many forms including employee counseling, system review, or replacement of lost articles.
8. The written notice of the decision provided to the patient must include how the grievance was addressed, the name of an ASC contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the grievance process was completed.
9. If the patient is not satisfied with the resolution or the problem is of a nature that should involve the Governing Board (GB), the Administrator will communicate with the GB and get assistance with a resolution. Patients may contact the appropriate person or agency as listed on the Patient Rights and Responsibilities brochures that every patient receives prior to procedure.

**For grievances about your medical care:**

Our center is dedicated to the provision of quality care and your opinion of the care provided is important to us. If you feel you have been treated unfairly, without respect, or treated inappropriately, please **contact the Chief Operations Director Laura Gilbert at 559-435-1757 X 112** or/and the office of Medicare Ombudsman at 1-800-Medicare and /or local DHS [(213) 240-8101](https://www.google.com/search?q=dhs+los+angeles&ei=O5WVYILAFpfL0PEPsoeBoAs&oq=dhs+los+angeles&gs_lcp=Cgdnd3Mtd2l6EAMyAggAMgIIADIGCAAQFhAeMgYIABAWEB4yBggAEBYQHjIGCAAQFhAeMgYIABAWEB4yBggAEBYQHjIGCAAQFhAeMgYIABAWEB46BwgAEEcQsAM6BAgAEEM6BQgAEJECOggIABCxAxCDAToKCC4QxwEQrwEQQzoHCAAQsQMQQzoFCC4QkQI6CggAELEDEIMBEEM6DQguELEDEMcBEKMCEEM6DQguEMcBEK8BEEMQkwI6BQgAELEDOgoIABCxAxDJAxBDOgUIABCSAzoICC4QxwEQrwE6CAgAELEDEMkDOgUIABDJAzoCCCZQzYEDWKmSA2CUkwNoBXACeACAAYcBiAHxDZIBAzkuOJgBAKABAaoBB2d3cy13aXrIAQjAAQE&sclient=gws-wiz&ved=0ahUKEwjCyeSip7jwAhWXJTQIHbJDALQQ4dUDCA4&uact=5); <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

You can also notify The Joint Commission via email: patientsafetyreport@jointcommission.org or fax it to: 630-792-5636 Mail:  The Joint Commission Attn: Office of Quality and Patient Safety One Renaissance Boulevard Oakbrook Terrace, Illinois 60181 or File a complaint of suspected violations of health department regulations and/or patient rights. Complaints may be filed at Fresno District Office : 285 West Bullard, Suite 101 Fresno, CA 93704

**Advance Directives:**

Because the scope of Ky Advanced Surgical Center is limited to elective outpatient surgical procedures, it is the policy of this facility that any life-threatening situation that arises will be immediately treated with life- sustaining measures. Concurrently, the emergency medical system (EMS) will be activated for emergency patient transport to a hospital facility. The patient’s right and need to be an active participant in the decision making process regarding their care is recognized and respected. Acknowledgement of this policy does not revoke or invalidate any current health care directive or health care power of attorney. If you have an executed advance directive, please bring a copy with you on the day of surgery. We will further inquire about this during our pre-op call.