

Surgery Center of Gilbert
2450 East Guadalupe Road Suite 101
Gilbert, AZ 85234
(480) 558-7541

PATIENT RIGHTS

- Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care.
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services.
- Be fully informed of the scope of services available at the Center, provisions for after-hours care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions including refusal of treatment or not following the instructions of the physician or Center.
- Approve or refuse the release of medical records to any individual outside the Center, or as required by law or third party payment contract.
- Express grievances/complaints and suggestions at any time.
- Access to and/or copies of his/her medical records.
- Be informed as to the Center's policy regarding advance directives/living wills.

- Be fully informed before any transfer to another Center or organization and ensure the receiving Center has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Expect the Center to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English.
- Have an assessment and regular assessment of pain.
- Education of patients and families, when appropriate, regarding their roles in managing pain.
- To change providers if other qualified providers are available.

If a patient is adjudged 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 laws may exercise the patient's rights to the extent allowed by state law.

PATIENT RESPONSIBILITIES

- Bring Health Insurance card(s).
- Bring form of payment (if applicable).
- Be certain to bring documentation of Guardianship or Power of Attorney (if applicable).
- Be considerate of other patients and personnel and for assisting in the control of noise, eating and other distractions.
- Respecting the property of others and the Center.
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Keeping appointments and, when unable to do so for any reason, notifying the Center and physician.
- Providing care givers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, and medications.
- Observing prescribed rules of the Center during his or her stay and treatment and, if instructions are not followed, forfeit of care at the Center.
- Promptly fulfilling his or her financial obligations to the Center.
- Identifying any patient safety concerns.

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PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at (480) 558-7541 or by mail at:

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2450 East Guadalupe Road Suite 101

Gilbert, AZ 85234

Complaints and grievances may also be filed through:
Arizona Department of Health Services
Division of Assurance & Licensure Services
150 N. 18th Avenue, Suite 450
Phoenix, AZ 85007-3245
602-364-3030

OR

State of Arizona, CMS Regional Office
DHHS/CMS/DSC/CLIA
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707
(415) 744-3696

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:
www.cms.hhs.gov/center/ombudsman.asp.

ADVANCE DIRECTIVE NOTIFICATION

In the State of Arizona, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. Surgery Center of Gilbert respects and upholds those rights.

However, unlike in an acute care hospital setting, Surgery Center of Gilbert does not routinely perform "high risk" procedures. While no surgery is without risk, most procedures performed in this Center are considered to be of minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during the your

treatment at this Center, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this Center's policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official State forms are available at our Center.

If you do not agree with this Center's policy, we will be pleased to assist you in rescheduling your procedure.

DISCLOSURE OF OWNERSHIP

Surgery Center of Gilbert is proud to have a number of quality physicians invested in our Center. Their investment enables them to have a voice in the development and administration of policies for our Center. This involvement helps to ensure the highest quality of surgical care for our patients. Your

physician, _____ **does /does not**
(circle as appropriate) have a financial interest in this Center.

By signing this document, I acknowledge that I have read and understand its contents:

Patient/Patient Representative Signature

Date