



NORTHWEST TUCSON SURGERY CENTER

Patient Rights

YOU HAVE THE RIGHT TO:

- *BECOME INFORMED OF YOUR RIGHTS AS A PATIENT BOTH VERBALLY AND IN WRITING PRIOR TO THE DATE OF YOUR PROCEDURE IN A LANGUAGE AND MANNER THAT YOU UNDERSTAND. YOU MAY APPOINT A REPRESENTATIVE TO RECEIVE THIS INFORMATION FOR YOU.*
- *EXERCISE THESE RIGHTS WITHOUT REGARD TO SEX, CULTURAL, ECONOMIC, EDUCATIONAL OR RELIGIOUS BACKGROUND OR THE SOURCE OF PAYMENT FOR CARE AND WITHOUT BEING SUBJECTED TO REPRISAL.*
- *CONSIDERATE AND RESPECTFUL CARE, PROVIDED IN A SAFE ENVIRONMENT, FREE FROM ALL FORMS OF ABUSE, NEGLIGENCE, HARASSMENT AND/OR EXPLOITATION.*
- *ACCESS PROTECTIVE AND ADVOCACY SERVICES OR HAVE THESE SERVICES ACCESSED ON YOUR BEHALF.*
- *APPROPRIATE ASSESSMENT AND MANAGEMENT OF PAIN.*
- *REMAIN FREE FROM SECLUSION OR RESTRAINTS OF ANY FORM THAT ARE NOT MEDICALLY NECESSARY OR ARE USED AS A MEANS OF COERCION, DISCIPLINE, CONVENIENCE OR RETALIATION BY STAFF.*
- *KNOWLEDGE OF THE NAME OF THE PHYSICIAN WHO HAS PRIMARY RESPONSIBILITY FOR COORDINATING YOUR CARE AND THE NAMES AND PROFESSIONAL RELATIONSHIPS OF OTHER PHYSICIANS AND HEALTHCARE PROVIDERS WHO WILL SEE YOU.*
- *KNOWLEDGE OF PHYSICIAN FINANCIAL INTERESTS OR OWNERSHIP IN THE SURGERY CENTER IN WRITING IN ADVANCE OF THE DATE OF THE PROCEDURE.*
- *RECEIVE INFORMATION FROM YOUR PHYSICIAN ABOUT YOUR ILLNESS, COURSE OF TREATMENT, OUTCOMES OF CARE (INCLUDING UNANTICIPATED OUTCOMES), AND YOUR PROSPECTS FOR RECOVERY IN TERMS THAT YOU CAN UNDERSTAND.*
- *RECEIVE AS MUCH INFORMATION ABOUT ANY PROPOSED TREATMENT OR PROCEDURE AS YOU MAY NEED IN ORDER TO GIVE INFORMED CONSENT OR TO REFUSE THE COURSE OF TREATMENT. EXCEPT IN EMERGENCIES, THIS INFORMATION SHALL INCLUDE A DESCRIPTION OF THE PROCEDURE OR TREATMENT, THE MEDICALLY SIGNIFICANT RISKS INVOLVED IN THE TREATMENT, ALTERNATE COURSES OF TREATMENT OR NON-TREATMENT AND THE RISKS INVOLVED IN EACH AND THE NAME OF THE PERSON WHO WILL CARRY OUT THE PROCEDURE OR TREATMENT.*
- *RECEIVE INFORMATION CONCERNING THE SURGERY CENTER'S POLICIES ON ADVANCED DIRECTIVES, INCLUDING A DESCRIPTION OF APPLICABLE STATE HEALTH AND SAFETY LAWS AND, IF REQUESTED OFFICIAL STATE ADVANCE DIRECTIVE FORMS IN ADVANCE OF THE DATE OF THE PROCEDURE.*
- *PARTICIPATE IN THE DEVELOPMENT AND IMPLEMENTATION OF YOUR PLAN OF CARE AND ACTIVELY PARTICIPATE IN DECISIONS REGARDING YOUR MEDICAL CARE. TO THE EXTENT PERMITTED BY LAW, THIS INCLUDES THE RIGHT TO REQUEST AND/OR REFUSE TREATMENT.*
- *HAVE A FAMILY MEMBER OR REPRESENTATIVE OF YOUR CHOICE NOTIFIED PROMPTLY OF YOUR ADMISSION TO THE FACILITY.*
- *HAVE YOUR PERSONAL PHYSICIAN NOTIFIED PROMPTLY OF YOUR ADMISSION TO THE FACILITY.*
- *FULL CONSIDERATION OF PRIVACY CONCERNING YOUR MEDICAL CARE PROGRAM. CASE DISCUSSION, CONSULTATION, EXAMINATION AND TREATMENT ARE CONFIDENTIAL AND SHOULD BE CONDUCTED DISCREETLY. YOU HAVE THE RIGHT TO BE ADVISED AS TO THE REASON FOR THE PRESENCE OF ANY INDIVIDUAL INVOLVED IN YOUR HEALTHCARE.*

- *CONFIDENTIAL TREATMENT OF ALL COMMUNICATIONS AND RECORDS PERTAINING TO YOUR CARE AND YOUR STAY AT THE FACILITY. YOUR WRITTEN PERMISSION WILL BE OBTAINED BEFORE YOUR MEDICAL RECORDS CAN BE MADE AVAILABLE TO ANYONE NOT DIRECTLY CONCERNED WITH YOUR CARE.*
- *RECEIVE INFORMATION IN A MANNER THAT YOU UNDERSTAND. COMMUNICATIONS WITH YOU WILL BE EFFECTIVE AND PROVIDED IN A MANNER THAT FACILITATE YOUR UNDERSTANDING. WRITTEN INFORMATION PROVIDED WILL BE APPROPRIATE TO THE AGE, UNDERSTANDING AND, AS APPROPRIATE, THE LANGUAGE OF THE PATIENT. AS APPROPRIATE, COMMUNICATIONS SPECIFIC TO THE VISION, SPEECH, HEARING COGNITIVE AND LANGUAGE-IMPAIRED PATIENT WILL BE APPROPRIATE TO THE IMPAIRMENT.*
- *ACCESS INFORMATION CONTAINED IN YOUR MEDICAL RECORD WITHIN A REASONABLE TIME FRAME.*
- *REASONABLE RESPONSES TO ANY REASONABLE REQUEST YOU MAY MAKE FOR SERVICE.*
- *LEAVE THE FACILITY EVEN AGAINST THE ADVICE OF YOUR PHYSICIAN.*
- *REASONABLE CONTINUITY OF CARE.*
- *BE ADVISED OF THE FACILITY'S GRIEVANCE PROCESS SHOULD YOU WISH TO COMMUNICATE A CONCERN REGARDING THE QUALITY OF THE CARE YOU RECEIVE. NOTIFICATION OF THE GRIEVANCE PROCESS SHALL BE GIVEN PRIOR TO THE DATE OF THE PROCEDURE AND INCLUDES: WHOM TO CONTACT TO FILE A GRIEVANCE, AND THAT YOU WILL BE PROVIDED WITH A WRITTEN NOTICE OF THE GRIEVANCE DETERMINATION THAT CONTAINS THE NAME OF THE FACILITY'S CONTACT PERSON, THE STEPS TAKEN ON YOUR BEHALF TO INVESTIGATE THE GRIEVANCE, THE RESULTS OF THE PROCESS, AND THE COMPLETION DATE. YOU MAY ALSO REPORT COMPLAINTS TO THE STATE AGENCY AS WELL AS THE OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN*
- *RESOURCES:*
 - [HTTP://WWW.MEDICARE.GOV/OMBUDSMAN/RESOURCES.ASP](http://www.medicare.gov/ombudsman/resources.asp) - MEDICARE OMBUDSMAN
 - [WWW.CDC.GOV.MMWR/ABOUT.HTML](http://www.cdc.gov/mmwr/about.html) - CLICK ON STATE HEALTH DEPARTMENTS ON LOWER LEFT. SEE MAP, CHOOSE STATE FROM DROP-DOWN MENU AND SEARCH SITE FOR ADDRESS AND PHONE NUMBER OF REGULATORY OFFICE
 - KATHLEEN BURNS, ADMINISTRATIVE DIRECTOR NORTHWEST TUCSON SURGERY CENTER, 6320 N. LA CHOLLA BLVD., TUCSON, AZ 85741
 - OR (520)877-6701.
 - [WWW.MEDICARE.GOV](http://www.medicare.gov) OR CALL 1-800-MEDICARE (1-800-633-4227)
 - [HTTP://OIG.HHS.GOV](http://oig.hhs.gov) – OFFICE OF THE INSPECTOR GENERAL
- *BE ADVISED IF FACILITY/PERSONAL PHYSICIAN PROPOSES TO ENGAGE IN OR PERFORM HUMAN EXPERIMENTATION AFFECTING YOUR OR TREATMENT. YOU HAVE THE RIGHT TO REFUSE TO PARTICIPATE IN SUCH RESEARCH PROJECTS. REFUSAL TO PARTICIPATE OR DISCONTINUATION OF PARTICIPATION WILL NOT COMPROMISE THE YOUR RIGHT TO ACCESS CARE, TREATMENT OR SERVICES.*
- *FULL SUPPORT AND RESPECT OF ALL PATIENT RIGHTS SHOULD YOU CHOOSE TO PARTICIPATE IN RESEARCH, INVESTIGATION AND/OR CLINICAL TRIALS. THIS INCLUDES YOUR RIGHT TO A FULL INFORMED CONSENT PROCESS AS IT RELATES TO THE RESEARCH, INVESTIGATION AND/OR CLINICAL TRIAL. ALL INFORMATION PROVIDED TO SUBJECTS WILL BE CONTAINED IN THE MEDICAL RECORD OR RESEARCH FILE, ALONG WITH THE CONSENT FORM(S).*
- *BE INFORMED BY YOUR PHYSICIAN OR A DELEGATE OF YOUR PHYSICIAN OF THE CONTINUING HEALTHCARE REQUIREMENTS FOLLOWING YOUR DISCHARGE FROM THE FACILITY.*
- *EXAMINE AND RECEIVE AN EXPLANATION OF YOUR BILL REGARDLESS OF SOURCE OF PAYMENT.*
- *KNOW WHICH FACILITY RULES AND POLICIES APPLY TO YOUR CONDUCT WHILE A PATIENT.*
- *HAVE ALL PATIENT'S RIGHTS APPLY TO THE PERSON WHO MAY HAVE LEGAL RESPONSIBILITY TO MAKE DECISIONS REGARDING MEDICAL CARE ON BEHALF OF THE PATIENT.*
- *BE INFORMED WITH APPROPRIATE INFORMATION ABOUT THE ABSENCE OF MALPRACTICE INSURANCE COVERAGE.*