

Patient's Rights and Responsibilities

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This policy affords you, the patient/client, the following **RIGHTS**:

- A. Right to be treated without discrimination** as to age, race, color, religion, sex, national origin, political belief, or disability.
- B. Right to considerate and respectful care** including consideration of psychological, social, spiritual and cultural variables that influence the perceptions of illness.
- C. Right to receive, at your request, the names of physicians and all personnel** participating in your care.
- D. Right to access complete and current information** concerning your diagnosis, treatment, and expected outlook in terms you can be reasonably expected to understand; or if medically inadvisable to give such information to you, the information shall be made available to an appropriate person on your behalf.
- E. Right to receive information necessary to give informed consent** prior to the start of any procedure and/or treatment, except for emergency situations; which 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.
- F. Right to refuse treatment** and 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 or other person legally entitled to grant such approval. We will make a reasonable effort to inform you of alternative facilities for treatment if we are unable to provide the necessary treatment.
- G. Privacy and confidentiality of your consultation and examination, as well as all records pertaining to your treatment**, except as otherwise provided by law or third party payment contract.
- H. Right to reasonable continuity of care** and to be informed by the person responsible for your health care of possible continuing health care requirements, if any, following discharge.
- I. Right to refuse participation in research** without your treatment being affected. No human experimentation affecting care or treatment shall be performed without your informed consent. However, we reserve the right to aggregate patient data for research and/or quality assurance processes as long as patient identity is kept confidential and it has no bearing on current treatment.

- J. Right to examine and receive a detailed explanation of your bill**, upon request, including an itemized bill for services received regardless of sources of payment.
- K. Right to care in a safe setting** regarding patient environmental safety, infection control, security and freedom from abuse or harassment.
- L. Right to access and copy information from your medical record** with reasonable notice and for a reasonable record search fee, during or after the course of treatment, or in the case where the patient is incompetent, the record will be made available to his/her guardian.

As the patient, you have certain responsibilities as well. This is critical so that we can provide healthcare in an atmosphere of mutual trust and respect. **You have the RESPONSIBILITY to:**

- A. Provide accurate and complete information** concerning present complaints, past illnesses, hospitalizations, all medication (including over-the-counter products and dietary supplements), allergies and sensitivities, and other matters pertaining to your health.
- B. Ask**, along with family members, questions when you do not understand what you have been told regarding your care or what you are expected to do.
- C. Follow the treatment plan** established by your physician, including instructions from nurses and other health care professionals as they carry out physician orders.
- D. Keep appointments**, and notify the facility or physicians if you are unable to do so. Barring a medical emergency, if an appointment for surgery is not cancelled at least 72 hrs prior, you will be charged a minimum \$200 fee to compensate for staffing and room set up.
- E. Provide a responsible adult to transport** you home and remain with you for 24 hours, unless exempted by the attending physician.
- F. In the case of pediatric patients, a parent or guardian is to remain in the facility** for the duration of the patient's stay.
- G. Notwithstanding any insurance you may have, you are responsible for the medical costs generated.** Unless a payment plan has been established, payment is due at the time of service.
- H. Follow facility policies and procedures.**
- I. Inform the facility about the patient's advance directives.**
- J. Be considerate of the rights of other patients** and facility personnel.

ADVANCED DIRECTIVES: Unlike acute care hospital settings, Blue Rock Surgical Center does not routinely perform “high risk” procedures. Most procedures performed here are considered to be of lower risk. 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 your treatment at this facility, 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 treatment or withdrawal of treatment measure already begun will be ordered in accordance with your wishes, Advance Directive, or Health Care Power of Attorney.

DISCLOSURE OF OWNERSHIP: The physician who referred you to Blue Rock Surgical Center may have an ownership interest in this facility. You are free to choose another facility to receive the services that have been ordered by your physician.

As a private facility, Blue Rock Surgical Center reserves the right to refuse service to anyone.

FEEDBACK

We strive to provide the best in patient care. However, should you have a concern regarding your care at Blue Rock Surgical, please bring it to our attention right away and we will work to resolve it promptly. If at any time you feel your concerns are not being resolved accordingly, please direct them to the administrator at 801-229-2002. If that fails to resolve your complaint, it may be directed to the following agencies:

Utah State Health Department
P.O. Box 144103, Salt Lake City, UT 84114-4103
www.health.utah.gov/hfrcra

Medicare Beneficiary Ombudsman
<http://www.cms.gov/Center/Special-Topic/Ombudsman-Center.html>