

NORTH OGDEN SURGERY CENTER LLC

SUMMARY OF PATIENTS BILL OF RIGHTS AND RESPONSIBILITIES

Federal law requires that your health care provider or health care facility recognize your rights and responsibilities while you are receiving medical care. A summary of your rights and responsibilities follows and is posted in the lobby and each patient receives a copy:

Patients' Rights and Responsibilities were established with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, family, physicians and the facility caring for the patient. Patients shall have these rights regardless of age, race, sex,

national origin, religion, culture, personal values or belief systems.

We adhere to the **Health Insurance Portability and Accountability Act of 1996 (HIPPA)**.

YOUR RIGHTS AND RESPONSIBILITIES:

As a Patient, You Have the Right to:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- Personal and informational privacy, within the law.
- Information concerning your diagnosis, treatment, and prognosis, to the degree known.
- Confidentiality of records and disclosures. Except when required by law, you have the right to approve or refuse the release of records.
- The opportunity to participate in decisions involving your health care, unless contraindicated by concerns for your health.
- Make decisions about medical care, including the right to accept or refuse medical or surgical treatment.
- If you already have an advance directive, you have a right to know the extent to which this facility will honor your directive.
- The right to request information about advance directives.
- Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability. The Surgery Center adheres to all federal and state rules, regulations and policies to promote a non-discriminatory environment for all of our patients.
- Receive an itemized bill for all services.
- Know the identity and professional status of individuals providing service to you.
- Express concerns regarding the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.

As a Patient, You Are Responsible for:

- Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate practitioner(s).
- Following the treatment plan recommended by the primary practitioner involved in your case.
- Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery as needed.
- Indicating whether you clearly understand a contemplated course of action and what is expected of you.
- Your actions if you refuse treatment, leave the facility against the advice of the practitioner, and/or do not follow the practitioner's instructions relating to your care.
- Assuring that the financial obligations of your health care are fulfilled as expediently as possible.
- Providing information about and/or copies of any living will, power of attorney or other directive that you desire us to know about.

If you have any questions regarding your rights or responsibilities, please discuss your concerns with us.

Utah Division of Professional Licensing Heber M. Wells Building, 1st Floor 160 East 300 South, PO Box 146741 Salt Lake City, UT 84114-6741 (801) 530-6630 dopl@utah.gov <https://dopl.utah.gov>

Medicare Ombudsman website

Contact Medicare



1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227))

TTY users can call [1-877-486-2048](tel:1-877-486-2048)

<https://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home>

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