

PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS

Decision Making

You or your representative(s) have the right to:

- Be informed before care is given or discontinued whenever possible.
- Receive accurate and current information regarding your health status in terms you can understand, allowing you to make informed decisions.
- Participate in planning for your treatment, care and discharge recommendations. A surrogate of your choice may represent you if you cannot make your own decisions according to state law.
- Receive an explanation of proposed procedure or treatment, including risks, serious side effects and treatment alternatives, including request for second opinion or specific treatment.
- Participate in managing your pain effectively.
- Refuse or discontinue a treatment to the extent permitted by law and to be informed of the consequences of such refusal.
- Receive emergency care or transfer to higher level of care (hospital) should this be necessary, providing full explanation of the need based on your medical condition & without needing to wait for authorization and without any financial penalty.
- Have persons of your choice promptly notified of hospital admission.
- Write a Living Will, Medical Power of Attorney, and/or a CPR Directive.
- Accept, refuse or withdraw from clinical research.
- Choose or change your healthcare provider.

Quality of Care

You have the right to:

- Respectful treatment, which recognizes and maintains your dignity and personal values without discrimination.
- Accurate information about facility where services are received and credentials of health care personnel involved in your care.
- Interpreters and/or special equipment to assist language needs.
- Information about continuing healthcare requirements following discharge, including how to access care after hours.

Confidentiality and Privacy

You have the right to:

- Personal privacy and care in a safe setting free from abuse, harassment, discrimination or reprisal.
- Personal information being shared only with those who are involved in your care.
- Confidentiality of your medical and billing records.
- Notification of breach of unsecured personal health information.

Grievance Process

You or your representative has the right to:

- Fair, fast, and objective review of any complaint you have against your health plan, physician or healthcare personnel without fear of reprisal.
- Submit a formal complaint either verbally or in writing as shown below. You will receive a written notice of decision within 15 business days from when the complaint was made known.

Administrator of ASC: 715-358-8600

WI Department of Health: 608-266-0667 or email jerry.grimshaw@dhs.wisconsin.gov

CMS Ombudsman <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

CMS: 1-800-MEDICARE (1-800-633-4227)

Office of Inspector General <https://www.oig.hhs.gov/hotlineoperations>

OIG: 800-447-8477 or

US Department of Health & Human Services, Attn: OIG Hotline Operations, P.O.BOX 23489, Washington D.C. 20026

Office of Civil Rights <https://www2.ed.gov/about/offices/list/ocr/docs/howto.html>

Accreditation Association of Ambulatory Health Care www.aaahc.org

Access to Medical Records

You have the right to:

- Speak privately with health care providers knowing your health care information is secure.
- Review and receive a copy of your Medical Records (including electronic format) upon written request and received within 30 days by secure transmission.

Seclusion and Restraints

You have the right to:

- Be free from seclusion or restraint for behavioral management unless medically necessary to protect your physical safety or the safety of others.

PATIENT RIGHTS AND RESPONSIBILITIES

Billing

You have the right to:

- Information specific to fees for services and payment policies prior to date of services.
- Payment privacy when you choose to opt out of insurance coverage, in accordance with federal regulations.

PATIENT RESPONSIBILITIES

Providing Information

You have the responsibility to:

- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, current use of prescribed or OTC medications, and nutritional supplemental products and other health-related matters.
- Report perceived risks in your care and unexpected changes in your condition.
- Provide an Advanced Directive if you have one.
- Provide accurate and updated demographic and contact information for insurance and billing.

Involvement

You have the responsibility to:

- Participate in your plan of care and follow the recommended treatment plan.
- Ensure you have a designated responsible adult to provide transportation and assist with your care for 24 hours.

Respect and Consideration

You have the responsibility to:

- Act in a respectful and considerate manner toward healthcare providers, other patients, and visitors; physical or verbal threats or conduct which is disruptive to business operations will not be tolerated.
- Be respectful of the possessions or property of others.
- Be mindful of noise levels.

Insurance Billing

You have the responsibility to:

- Know the extent of your insurance coverage.
- Know your insurance requirements such as pre-authorization, deductibles and co-payments.
- Call the billing office with questions or concerns regarding your bill.
- Fulfill your financial obligations as promptly as possible.

This ASC is a Joint Venture with Three Dog Knight, LLC and Aspirus Wausau Hospital.

Your physician may have a financial interest in this Surgery Center. The physician owners are:

**Dr. Mark Balas
Dr. Michel Gelinas**

Revised 02.2015

Revised 07.2015

Revised 01.2018