

PATIENT'S RIGHTS AND RESPONSIBILITIES

The patient has the right to:

1. Receive services without regard to age, race, sex, sexual orientation, marital status, national origin, cultural, economic, educational or religious background, or the source of payment for care.
2. Be treated with respect, consideration, and dignity.
3. Be informed of the services available at the facility.
4. Be informed of the provisions for off-hour emergency care.
5. Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names of professional relationships of other physicians and/or non-physicians who participate in the care.
6. Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this 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 course of treatment or non-treatment, the risks involved in each, and the name of the person who will carry out the procedure or treatment.
7. Receive information from his/her physician about his/her illness, course of treatment, and prospects for recovery in terms and language the patient can understand.
8. Participate actively in decisions regarding his/her medical treatment including the right to refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her actions.
9. Have pain assessed and managed as part of the treatment process, and have his/her reports of pain believed and responded to quickly.
10. Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.

11. Confidential treatment of all communications and records pertaining to care. Written permission shall be obtained before medical records can be made available to anyone not directly concerned with the patient's care.
12. Reasonable responses to any reasonable requests made for service.
13. Leave the facility even against the advice of a physician.
14. Be informed regarding patient billing practices, charges for services and eligibility for third party reimbursements.
15. Receive a copy of account statement upon request.
16. Voice grievances and recommend changes in policies and services to the facility's staff, the operator, and the State Department of Health without fear of reprisal.
17. Make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment, and the right to formulate advance directives.
18. Change providers if other qualified providers are available.

The patient has the responsibility to:

1. Provide accurate and complete information concerning his/her present condition or complaints, past medical history, and other matters about his/her health.
2. Discuss expectations regarding pain and pain management, discuss pain relief options with the doctor and nurse, ask for pain relief when pain first begins and help the doctor and nurses assess pain. Tell the doctor or nurse if pain is not relieved, and tell the doctor or nurse of any concerns he/she may have.
3. Make it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected.
4. Cooperate fully with pre-operative and post-operative instructions they receive from his/her physician, anesthesia provider or nurse.
5. Keep appointments and notify the facility or physician when he/she is unable to do so.
6. Provide all information regarding third-party insurance coverage.
7. Fulfill financial responsibility, as promptly as possible, for all services received.
8. Follow facility policies and procedures.

9. Be considerate of the rights of other patients and facility personnel.
10. Be respectful of personal property and that of other persons in the facility.

ADVANCED DIRECTIVES

POLICY: All patients have the right to participate in their own health care decisions and to make advanced directives. The Surgery Center of Northern Colorado L.L.C respects and upholds those rights.

However, unlike in an acute care hospital setting, the Surgery Center does not routinely perform "high risk" procedures. Most procedures performed in this facility are elective procedures that are considered non-life threatening. It is therefore the policy of the ASC on the basis of conscience not to honor advanced directives for any patient, and to initiate resuscitative or other stabilizing measures and promptly transfer the patient to an acute care hospital that will follow their advanced directives. If the patient has a copy of an advanced directive it will be placed in the patients chart and the chart will be flagged indicating its presence. A copy of the advanced directive will follow the patient should they be transferred to another facility. Patients' agreement with this facilities policy will not revoke or invalidate any current advanced directive.

*Resources for advanced directives are available at: www.coloradoadvanceddirectives.com and the Colorado Bar Association www.cobar.org

PHYSICIAN OWNED FACILITY

I understand the Surgery Center of Northern Colorado is owned by Panorama Eye Care, LLC. Drs. Arnold, Bashford, K.Crews, Foster, Kirkpatrick, Korotkin, Mayer, Olsen, Reistad, Smith and Smits do have a financial interest in this facility. I understand that I may choose to have my surgery in a facility where my surgeon does not have a financial interest. I have been given this option and I choose to have my surgery at the Surgery Center of Northern Colorado, LLC.

GREIVANCE PROCEDURE

All alleged grievances will be fully documented, investigated and reported to the persons in authority at Surgery Center of Northern Colorado L.L.C. Any substantiated allegation will be reported to the state or local authority or both. The grievance documentation will include the process for how the grievance was addressed. The patient will be provided a thorough written notice of the decision and will contain the name of the surgery center contact person.

Contact information for the grievance is below:

Medicare Beneficiary Ombudsman:

www.cms.gov
1-800-633-4227

Colorado Department of Public Health and Environment (CDPHE)

Health Facilities and Emergency Medical Services
Division Complaint Intake
4300 Cherry Creek Drive
Denver, CO 80246-1530
1-800-886-7689
ASC 303-692-2827
Email: cdphe.hfoccur@state.co.us

Accreditation Association for Ambulatory Healthcare, Inc:

5250 Old Orchard Rd., Ste 200
Skokie, IL 60077

Surgery Center of Northern Colorado:

CEO: Dan Karpel
3151 Precision Dr.
Fort Collins, CO 80528
1-970-419-2684



Surgery Center of Northern Colorado, L.L.C.
3151 Precision Drive, Fort Collins, Co. 80528
(970) 221-2222

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