



## PATIENT RIGHTS

**SURGERY CENTER OF WASILLA, LLC** is committed to providing comprehensive health care in a manner, which acknowledges the uniqueness and dignity of each patient. We encourage patients and families to have clear knowledge of, and to participate in, matters and decisions relating to their medical and surgical care.

***Each patient receiving services in this facility shall have the following rights:***

1. Understand and use these rights. If for any reason you do not understand or you need help, the SURGERY CENTER OF WASILLA, LLC must provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.
3. Receive consideration and respectful care in a clean and safe environment free of unnecessary restraints.
4. Be informed of the name and position of the doctor who will be in charge of your care at the Center.
5. Know the names, positions, and functions of any Center staff involved in your care and refuse their treatment, examination or observation.
6. Have your pain assessed and addressed in a timely manner.
7. Be informed if your surgeon has a financial interest in the Center.
8. Receive complete information about your diagnosis, treatment, and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
10. Refuse treatment and be told what effect this may have on your health.
11. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
12. Privacy while at the Center and confidentiality of all information and records regarding your care.
13. Participate in all decisions about your treatment and discharge from the Center.
14. Review your medical record without charge. Obtain a copy of your medical record for which the Center can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
15. Receive an itemized bill and explanation of all charges.
16. Complain without fear of reprisal about the care and services you are receiving and to have the Center respond to you in writing if you request it. If you are not satisfied with the Center's response, you can complain to the:

1) **Department of Health** The State of Alaska: 907-334-2483 or <http://www.hss.state.ak.us>, toll free 1-888-387-9387, Fax 907-334-2682.

2) The office of the Medicare Beneficiary Ombudsman at 1-800-MEDICARE or go to: [www.medicare.gov/ombudsman/activities.asp](http://www.medicare.gov/ombudsman/activities.asp) Select inquiries/complaint (Medicare recipients)

3) Accreditation Association for Ambulatory Healthcare, Inc. (AAAHC) at 847-853-6060 or <http://www.aaahc.org/eweb>

17. Know that the Center does not honor “Do Not Resuscitate” orders. If you have a DNR order you will be asked to suspend your DNR order while you are a patient at the Center.



## **PATIENT RESPONSIBILITIES**

***Each patient receiving services in this facility shall have the following responsibilities:***

1. It is the Patient's responsibility to read all permits and/or consents that he/she signs. If the patient does not understand, it is the patient's responsibility to ask the nurse or practitioner for clarification.
2. It is the Patient's responsibility to answer all medical questions truthfully to the best of his/her knowledge; providing complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies and sensitivities.
3. It is the Patient's responsibility to inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
4. It is the Patient's responsibility to read carefully and follow the preoperative instructions that his/her practitioner has given.
5. It is the Patient's responsibility to notify the organization if he/she has not followed the preoperative instructions.
6. It is the Patient's responsibility to provide transportation as directed to and from the organization appropriate to the medications and/or anesthetics that he/she will be receiving.
7. It is the Patient's responsibility to read carefully and to follow the postoperative instructions and treatment plan prescribed that he/she receives from the practitioner or nurses. This includes postoperative appointments.
8. It is the Patient's responsibility to contact his/her practitioner if he/she has any complications.

9. It is the Patient's responsibility to assure that all payments for services rendered are on a timely basis and that ultimately, responsibility for all charges is his/hers, regardless of whatever insurance coverage he/she may have.

10. It is the Patient's responsibility to be respectful of all the health care providers and staff, as well as other patients.

11. It is the Patient's responsibility to notify the Medical Director if he/she feels that any of his/her Patient's Rights have been violated or if he/she has a significant complaint or a suggestion to improve services or the quality of care. This can be done by filling out our patient satisfaction questionnaire, by direct contact or by telephone/fax/email.

**Notice**

*Complaints may be lodged at the following locations:*

**SURGERY CENTER OF WASILLA, LLC  
CONTACT:**

3190 E Meridian Park Loop, Ste 111

**Ombudsman**

Wasilla, Alaska 99654

<http://www.medicare.gov/Ombudsman/activities.asp>

ATTN: Administrator

907-631-3578

**Alaska State Department of Health**  
4501 Business Park Blvd., Ste 24, Bldg L  
Anchorage, AK 99503  
1-888-387-9378

**MEDICARE PATIENTS MAY ALSO**

**The Office of the Medicare Beneficiary**

**AAAHC, Inc.**

5250 Old Orchard Road, Suite 200

Skokie, IL 60077

1-847-853-6060



**PATIENT CONCERNS AND/OR GRIEVANCES**

It is the policy of the Surgery Center of Wasilla, LLC that all patients are provided a process by which they can present questions, concerns, and grievances about the Center. All patient concerns receive a timely and professional response.

Please contact the **Administrator** during regular business hours 907-631-3631 or write a statement and send it to:

**Surgery Center of Wasilla, LLC, 3190 E Meridian Park Loop, Ste 111, Wasilla, Alaska 99654**

**If you are not satisfied with the resolution provided by the Center, you may contact:**

- 1. Health Facilities Licensing and Certification, 4501 Business Park Blvd, Ste 24, Anchorage, Alaska 99503-7167. Toll Free: 1-888-387-9387. Fax: 907-344-2682;**
- 2. Medicare Patients should visit the following website to understand your rights and protections: <http://www.cms.gov/center/ombudsman.asp>**
- 3. Accreditation Association for Ambulatory Healthcare, Inc (AAHC) at 847-853-6060 or go to: [www.aaahc.org](http://www.aaahc.org)**

### **OUR SURGERY CENTER'S ADVANCE DIRECTIVE POLICY**

An Advance Directive is a statement you make regarding the medical care you would like in a particular situation prior to actually needing the care. There are different types of Advanced Directives. The most common are living wills or durable power of attorney for healthcare. These documents allow you to communicate your care wishes to your care providers and others.

The majority of procedures performed at Surgery Center of Wasilla, LLC are considered to be of minimal risk. Of course, no surgery is without risk. You and your provider will have discussed the specifics of your procedure and the risk associated with your procedure, the expected recovery and the care after your surgery.

It is the policy of Surgery Center of Wasilla, LLC, 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 Surgery Center of Wasilla, LLC, 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 measures already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney.

If you do not have an Advance Directive or Living Will, you may obtain more information, including instructions on how to complete one, at the State of Alaska's Division of Public Health website under Advance Health Care Directive:

<http://www.hss.state.ak.us/dph/director/livingwill>

You may also print a copy of Alaska's Advance Directive by calling Caring Connections at 1-800-658-8898.

For your convenience, Surgery Center of Wasilla also has copies available upon request.