

## **PATIENT RIGHTS AND RESPONSIBILITIES**

***In an effort to promote optimal health and wellness, the Surgery Center is a smoke-free facility.***

The Dearborn Surgery Center LLC is an ambulatory surgical facility that is committed to exceeding your health care expectations. The center is designed to promote privacy and provide comfortable surroundings for you and your family. Our staff maintains a collaborative approach with you and your physician to achieve the highest standards of care and ensure optimal outcomes. Please inform us if we can do anything for you or your family while you are at the center.

It is the policy of the Dearborn Surgery Center LLC to support and assist you regarding your rights and responsibilities as a patient. Our goal is to provide you with information, fair treatment, and the ability for you to have autonomy over your medical decisions. These rights are extended to each patient regardless of age, sex, race, creed, national origin, ethnic group, economics, cultural background, religious belief, or disabilities. It is our hope that you will actively participate in your care. Please ask questions from your physician, nurse, or any other staff regarding your care while at the center.

The Dearborn Surgery Center LLC is a for profit center which is owned by a group of Physicians and Corewell Health Dearborn. A list of physician owners is posted in our waiting room and will be provided to you upon request. All Dearborn Surgery Center LLC physicians have privileges at a surrounding area hospital and are credentialed utilizing national standards.

## **YOUR PATIENT RIGHTS**

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### **Patients have the right:**

- To not be denied appropriate care based on race, religion, national origin, sex, age, disability, marital status, sexual preference, or source of payment.
- To receive adequate and appropriate care.
- To be treated with respect, consideration and dignity in all circumstances.
- To have the Center support and protect the basic human rights and statutory rights of each patient.
- To have a patient representative (parent, legal guardian, person with medical power of attorney) exercise the patient's rights when the patient is incapable of doing so, without coercion, discrimination, or retribution. This includes being informed of his/her health status, being involved in the care, planning and treatment, and being able to request or refuse treatment. This will not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- To know who is responsible for and who is providing your direct care; to receive information regarding your continuing health needs and alternatives for meeting those needs; to be involved in your discharge planning if appropriate.
- To receive information, by the appropriate individual within the Center, about your medical condition, proposed course of treatment, and prospects for your recovery in terms that you can understand unless it is medically contraindicated by the physician in your medical record.
- To personal and informational privacy, including confidentiality of clinical records
- To receive accurate, easily understood information to assist them in making informed decisions about their health plans.
- To formulate advance directives and to be informed that the Center honors Appointment of a Health Care Representative and Durable Power of Attorney.

*If you have any questions regarding Advance Directives, please let our staff know.*

- To refuse treatment to the extent provided by law and be informed of consequences of your refusal.
- To be entitled to information concerning an experimental procedure.
- To receive prompt and appropriate assessment and management of pain
- To receive care in a safe setting.
- To be free of any form of seclusion or restraints that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- To be free of any form of abuse or harassment.
- To have visitors and communicate with people outside the hospital when medically appropriate.
- To have pastoral care and spiritual services.
- To have access to protective services.
- To consent or refuse treatment after being adequately informed of the benefits and risks and alternatives to treatment.
- To know the reasons for any proposed change in the Professional Staff responsible for his/her care.
- To change providers if other qualified providers are available.
- To access information contained in his/her medical record and to have the information explained or interpreted as necessary.
- To expect that the center will provide a mechanism whereby he/she is informed by his/her physician or delegate of the patient's continuing health care requirements following discharge.
- To know the Center rules and regulations that apply to his/her conduct as a patient and to be informed about the mechanism for initiation, review, and resolution of patient complaints. The process will be fair and efficient and may include rigorous internal review and independent external review.
- To know the reasons for his/her transfer to an outside hospital.
- To information regarding Center charges, available payment options, and notice of non-coverage. To request and examine an explanation of his/her bill regardless of source of payment.
- To be informed of the source of the Center's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.
- To know the relationships of the facility to other people or organizations participating in the provision of his/her care and treatment.
- To receive interpretation for individuals who speak languages other than English.
- To make a complaint or grievance or recommend changes in policies and services on behalf of yourself or others to your physician, employed staff, administration, designated Grievance Officer, Health department, Medicare or another person of your choice free from restraint, interference, coercion, discrimination or reprisal.

In the event you have a grievance, the Center would be more than happy to address the issue. Please feel free to contact the Executive Director/Grievance Officer or our Accrediting Agency for assistance.

**Kristine Hall**  
**Administrator, Grievance Officer**  
**Dearborn Surgery Center**  
**18100 Oakwood Blvd. Suite 100**  
**Dearborn, MI 48124**  
**313-253-2069**

**Accreditation Association for Ambulatory**  
**Health Care, Inc.**  
**AAAHC**  
**5250 Old Orchard Road, Suite 200**  
**Skokie, IL 60077**  
**847-853-6060 / Fax: 847-853-9028**

If you wish to report your grievance to the Health Department or Medicare, please reference the information below.

Michigan Department of Community Health  
 Ottawa Building, 1<sup>st</sup> Floor  
 611 West Ottawa Street  
 P.O. Box 30664  
 Lansing, Michigan 48909

Medicare Ombudsman  
 800-MEDICARE (800-633-4227)  
<http://www.medicare.gov>

## **YOUR PATIENT RESPONSIBILITIES**

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### **You are responsible for:**

1. Provide complete and accurate information to your healthcare providers including your medical history, pain and pain relief methods.
2. Voice your concerns regarding your care, including pain management.
3. Follow recommendations of your physician or tell your care provider if you are concerned or not able to follow them.
4. Accept the consequences and understand the outcome if you choose not to follow the advice of your physician.
5. Tell your care provider if you have an unexpected change in condition, side effects from medication, your pain is not relieved, or you feel that your care is not going the way you think it should.
6. Adhere to the Center's policies and regulations, including the non-smoking policy, that apply to your care and conduct.
7. Be respectful of other patients, employees, and property.
8. Provide the Center with accurate information regarding payment and pay your portion in a timely manner.
9. Provide us with suggestions to ensure we meet your needs and expectations.
10. For your safety, a responsible family member or adult friend must drive you home and if required by your physician, remain with you for 24 hours after your procedure.

**The nursing staff is committed to providing comfort for all patients. Please let your nurses know how we can effectively reduce or eliminate your pain or anxiety.**