

# BEAUMONT WEST BLOOMFIELD AMBULATORY SURGERY CENTER

## PATIENT'S RIGHTS AND RESPONSIBILITIES

To outline a patient's rights and responsibilities while being cared for at the BEAUMONT WEST BLOOMFIELD AMBULATORY SURGERY CENTER (ASC) and the manner in which these rights and responsibilities are communicated. It is our expectation that the observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, their physician, and the group organization. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care.

### AS A PATIENT, YOU HAVE THE RIGHT:

1. To know, in advance, that the ASC must provide you and/or your representative with verbal and written notice of your rights in advance of the date of your procedure, in a language and manner that you or your representative understands.
2. To all complete and current information concerning your diagnosis and treatment and in terms that you can understand.
3. To know the person or persons responsible for coordinating your care. If not medically advisable to give information to you, the information shall be made available to an appropriate person on your behalf.
4. To receive from your physician enough information so that you may understand the services being rendered in order to sign the Informed Consent.
5. To refuse treatment and to be informed of the consequences of your actions.
6. To privacy of any information or treatment concerning your own medical care.
7. To be informed of any persons other than routine personnel that would be observing or participating in your treatment and to refuse that observation and/or participation.
8. To have all medical records be treated as confidential and given the opportunity to approve or refuse their release.
9. To information concerning the facility to which you may have to be transferred. The facility that you may be transferred to, must give approval prior to your transfer.
10. To know if any research will be done during your treatment and have the right to refuse it.
11. To expect quality care and service from the BEAUMONT WEST BLOOMFIELD ASC.
12. To be informed of the mechanism by which you will have continuing health care following discharge from BEAUMONT WEST BLOOMFIELD ASC.
13. To examine and receive an explanation of your bill, regardless of the source of payment.
14. To know, in advance, the expected amount of your bill, regardless of the source of the payment.
15. To complain if you or your representative believes your right(s) have been violated.
16. To know that BEAUMONT WEST BLOOMFIELD ASC must disclose to you or your representative, where applicable, physician financial interests or ownership in the ASC. This should include the name and address of each person with an ownership or control interest in the entity or in any subcontractor in which the entity has direct or indirect ownership interest.
17. To know what BEAUMONT WEST BLOOMFIELD ASC Rules and Regulations apply to your conduct as a patient.

### AS A PATIENT, YOU HAVE THE RESPONSIBILITY:

1. To read and understand all permits and/or consents to be signed: Either ask the nurse or physician to clarify any information not understood about your care or services.
2. To answer all medical questions truthfully, to the best of your knowledge including complete information about your symptoms, past illnesses, medications, and other matters relating to your plan of care.
3. To follow the pre-operative instructions given by the physician and/or BEAUMONT WEST BLOOMFIELD ASC.
4. To notify BEAUMONT WEST BLOOMFIELD ASC, upon admission if pre-operative instructions have not been followed. You, the PATIENT will be responsible for your actions if you refuse treatment or do not follow pre-operative instructions.
5. To provide transportation to and from BEAUMONT WEST BLOOMFIELD ASC appropriate to the medications and/or anesthesia to be given and according to pre-operative instructions.
6. To follow the post-operative instructions given by the physician(s) and/or nurses, including instructions regarding post-operative appointments.
7. To contact the physician if any complications occur.
8. To assure all payments for service rendered are on a timely basis and ultimate responsibility is yours, regardless of the insurance coverage. It is the PATIENT'S responsibility to provide financial and/or insurance information regarding who will be responsible for the bill including current address and authorized contact information.
9. It is the PATIENT'S responsibility and those accompanying the PATIENT to respect the rights of other patients and BEAUMONT WEST BLOOMFIELD ASC personnel and follow the Center's policies.

The traditional physician-patient relationship takes on a new dimension when care is rendered at the BEAUMONT WEST BLOOMFIELD ASC. Legal precedent has established that the facility itself also has a responsibility to the patient. It is in recognition of these factors that rights are affirmed. The facility is privately owned and each patient has the right to have their surgery performed at any other facility where their surgeon has surgical privileges.

### PATIENT COMPLAINTS:

If you are dissatisfied with any service you have received, please ask to speak to someone at the BEAUMONT WEST BLOOMFIELD ASC so that we may satisfy you and improve the quality of care we provide.

If you have a complaint, grievance or suggestion which you do not feel is addressed to your satisfaction you may notify:

State of Michigan, Department of Community Health  
611 W. Ottawa, 1<sup>st</sup> Floor, P.O. Box 30664, Lansing, MI 48909, (517) 241-2626  
Office of the Medicare Beneficiary Ombudsman, [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

My signature, or that of my patient representative, acknowledges that I have read this document and asked any questions I may have regarding its content prior to my arrival at the Beaumont West Bloomfield Ambulatory Surgery Center, LLC.

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Patient/Patient Representative Signature

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Date