

*Patient Rights*

**As a Patient, you have the right to:**

• Become informed of rights as a patient in advance of, or when discontinuing, the provision of care. The patient may appoint a representative to receive this information should the patient so desire.

• Be treated with dignity and receive considerate and respectful care provided in a safe environment.

• Remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.

• Exercise these rights without regard to age, race, disability, sex or cultural, economic, education, or religious background or the source of payment for care given.

• Knowledge of the name of the physician and professional staff who have primary responsibility for coordinating the patient’s care and the name and professional relationships of other physicians and non-physicians who will participate in care.

• Receive information from the physician about the illness, course of treatment and prospects for recovery in terms that the patient can understand.

• Receive as much information about any proposed treatment or procedure as needed 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 treatment, alternate course of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.

• Participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.

• Formulate advance directives regarding patient’s healthcare, and have the surgery center staff and practitioners who provide care in the surgery center comply with these directives (to the extent provided by state laws and regulations).

• Know that you can express a complaint regarding your care or any violation of your rights and that you’re doing so will not adversely affect the quality of care provided.

• Be advised of the surgery center’s grievance process, should the patient wish to communicate a concern regarding the quality of the care patient receives. Notification of the grievance process includes: who to contact to file a grievance and that patient will be provided with a written notice of the grievance determination that contains the name of the surgery center contact person, the steps that were taken on patient’s behalf to investigate the grievance, the results of the grievance and the grievance completion date.

• Change physicians if desired, either within the surgery center or another physician of the patient’s choice.

• Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination, and

treatments 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 involved in the patient’s healthcare.

• Confidential treatment of all communications and records pertaining to the patient’s care and visit at the surgery center. The patient’s written permission shall be obtained before medical records can be made available to anyone not directly concerned with the patient’s care.

• Full disclosure of the privacy policy.

• Access information contained in your medical records within a reasonable time frame in accordance with state/federal laws and regulations.

• Reasonable responses to any reasonable requests made for service.

• Leave the surgery center even against the advice of the attending physician.

• Reasonable continuity of care and to know in advance the time and location of appointment as well as the physician providing the care.

• Be advised if the physician/surgery center proposed to engage in or perform human experimentation affecting the care or treatment. The patient has the right to refuse to participate in such research projects or clinical trials.

• Be informed by the attending physician or designee of the continuing health care requirements following discharge.

• Obtain information before scheduled surgery about payment requirements of the bill, regardless of the source of payment.

• Examine and receive an explanation of the bill regardless of the source of payment.

• If eligible for Medicare, to know upon requires an in advance of treatment whether a healthcare provider or facility accepts the Medicare assignment rate.

• Except for reasonable safety insofar as the surgery center’s practice and environment are concerned.

• Have all patient’s rights apply to the person who may have the legal responsibility to make the decision regarding medical care on behalf of the patient.

• A list of these patient’s rights, which shall be posted within the surgery center so that such rights may be read by all patients.

• Receive appropriate knowledge regarding the absence of malpractice insurance.

• Receive appropriate information regarding provider credentialing.

• Received pastoral care as requested and as appropriate to patient’s needs.

**All surgery center personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patient rights.**



*Patient Responsibilities*

**As a Patient, you have the responsibility to:**

• The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect:

• Provide accurate and complete information about the present complaint, past illnesses, hospitalizations and other matters related to your health status.

• Make it known whether the course of treatment and what is expected of the patient is clearly understood.

• Follow the treatment plan established by the physician, including the instructions of nurses and other health professional as they carry out the physician’s orders.

• Keep appointments and notify the surgery center or physician when unable to keep an appointment.

• Accept responsibility for any actions resulting from the refusal to follow treatment or physician’s orders.

• Accept and ensure that the financial obligations of care are fulfilled as promptly as possible.

• Follow the surgery center policies and procedures.

• Be considerate of the rights of other patients and surgery center personnel.

• Be respectful of personal property and that of other persons in the surgery center.

• Pierce Street Same Day Surgery (PSSDS) strives to provide excellent patient care and service. If you should have a concern or a complaint, please tell us so we can work to satisfy your needs. Ask to speak to the Supervisor or the Director of Nursing.

*Grievances*

• If the patient has further concerns about the care being provided in this accredited ambulatory surgery center, they may express their concerns to the appropriate representative within PSSDS according to the PSSDS policy. They may also file a complaint with the Iowa Department of Inspections and Appeals, Lucas State Office Building, 321 East 12th Street, Des Moines, A 50319-0083; Phone: 515-281-7102; Fax: 515-242-6863; Email: webmaser@dia.iowa.gov.

• The website for the Office of the Medicare Beneficiary Ombudsman is www.cms.hhs.gov/center/ombudsman.asp.

• This notice is posted as required by regulation of the Department of Public Health and Medicare CFC.

*Iowa Advance Directives*

There are two legal documents that protect your right to refuse medical treatment you do not want, or to request treatment you do want, in the event, you lose the ability to make decisions for yourself:

• The Iowa Durable Power of Attorney for Healthcare is one kind of advance directive. A DPA states whom you have chosen to make health care decisions for you. It becomes active any time you are unconscious or unable to make medical decisions.

• The Iowa Declaration is your state’s living will. A living will is one type of advance directive. It is a written, legal document that describes the kind of medical treatments or life-sustaining treatments you would want if you were seriously or terminally ill. A living will doesn’t let you select someone to make decisions for you.

It is the policies of PSSDS to recognize the Health Care Agent of the patient should circumstances require, but in the event of an emergency the patient will be stabilized and transferred to a hospital as soon as possible. Therefore, PSSDS will not acknowledge DNR (Do Not Resuscitate) orders on any patient while in the PSSDS facility.

For information on advance directives, reference: www.noah-health.org/en/rights/endoflife/adforms.html (by state).

*Disclosure of Ownership Interest*

• Please be advised that Please be advised that PSSDS is a partnership between UnityPoint Health-St. Luke’s and community physicians who have a financial interest in the surgery center. You are entitled to obtain the services for which you have been referred to PSSDS at the location of your choice.

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