

PATIENT'S BILL OF RIGHTS

As a patient or parent or legal guardian of a minor patient, you have the right to:

1. be informed of your rights before patient care is furnished or discontinued, whenever possible.
2. be treated kindly and respectfully by all personnel.
3. receive complete and current information concerning your diagnosis, treatment and prognosis in terms you can understand. When it is not medically advisable to give such information, it should be made available to an appropriate person on your behalf.
4. receive an explanation of any proposed procedure or treatment. The explanation should include a description of the nature and purpose of the treatment or procedure, any known risks or serious side effects and all treatment alternatives.
5. know the name, identity and professional status of the person providing services to you and know who is primarily responsible for your care.
6. expect that a family member or representative and your treating physician will be notified promptly of your arrival at the center.
7. participate in developing and implementing your plan of care.
8. make informed decision about your care.
9. have an advance directive, such as a living will or a healthcare power of attorney, and to have staff and practitioners who provide care in this center comply with these directives to the extent that it is appropriate. If you have a written advance directive, you should provide a copy to the center, your family and your doctor.
10. accept medical care or refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.
11. have personal privacy concerning your own medical care program. Care discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those persons not directly involved in the care must have your permission to be present.
12. expect that all communications and clinical records pertaining to your care will be treated confidentially.
13. access information contained in your medical records within a reasonable time frame.
14. receive evaluation, service and/or referral as indicated by the urgency of your situation. When medically permissible, you may be transferred to another facility only after having received complete information and explanation concerning the need for – and alternatives to – such a transfer. The facility to which you will be transferred must first accept the transfer.
15. exercise cultural and spiritual beliefs that do not interfere with the well being of others or the planned course of medical therapy for the patient.
16. know if your care involves any experimental methods of treatment. If so, you have the right to consent or refuse to participate.
17. be informed by the practitioner of any continuing healthcare requirements following discharge from the center.
18. examine your bill and receive an explanation of the charges regardless of the source of payment for your care.
19. be informed of OOSC's rules and regulations applicable to your conduct as a patient.
20. be free from restraints or seclusion of any form that are not medically necessary or that are used as a means of coercion, discipline, convenience or retaliation by staff.
21. receive information about your rights as a Medicare beneficiary upon admission.
22. receive care in a safe setting.
23. be free from all forms of abuse or harassment.
24. use our internal grievance process for submitting a written or verbal complaint to your healthcare practitioner or our Administration.
25. receive a written response from us regarding your complaint within ten working days from receipt of the letter by Administration.
26. refer complaints or grievances to the Iowa Dept. of Inspections and Appeals, Health Facilities Division, Lucas State Office Building, Des Moines, Iowa 50319 by calling 1-877-686-0027.
Medicare patients may also refer their concerns to the Iowa Foundation for Medical Care (IFMC), which is the Medicare quality improvement organization for Iowa. The IFMC may be reached by calling 1-800-383-2856 or at 1776 West Lakes Parkway, West Des Moines, IA 50266.
You may also log a complaint with the Accreditation Assoc. for Ambulatory Healthcare (AAAHc) by calling 1-847-853-6060 or sending e-mail to info@aaahc.org.

FINANCIAL DISCLOSURE

Please be advised that your surgeon may own a beneficial interest in this surgery center. If you have any concerns or questions regarding this arrangement, please notify the registrations staff upon arrival or call the Administrative director prior to your surgery at 515-224-5232.