

## **Patient Rights**

## You Have The Right To

- 1. To understand that this facility will initiate cardiopulmonary resuscitation, unless directed otherwise in accordance with the Center's Advanced Directive policy, and transfer you to an area hospital upon which your Advance Directives will be followed.
- 2. To exercise these rights without discrimination or reprisal regarding sex, cultural, economic, educational, or religious background.
- 3. To receive considerate and respectful care in a safe environment.
- 4. To be free from chemical, physical and psychological abuse, neglect or harassment.
- 5. To know the name of the physician who has primary responsibility for coordinating his your care and the names and professional relationship of other physicians who will provide your care.
- 6. To be advised as to the reason for the presence of any individual.
- 7. To receive information from your physician about your illness, course of treatment, and prospects for recovery in terms that you can understand.
- 8. To receive as much information about any proposed treatment and expected outcome, as you may need in order to give informed consent or refuse the course of treatment, except in emergencies. The information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses 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.
- 9. To participate actively in decisions regarding your medical care, to the extent permitted by law, including the right to refuse treatment.
- 10. To full consideration of privacy concerning your care. Including confidential case discussion, consultation, examination and treatment in a discreet manner.
- 11. To confidential treatment of all communications and records pertaining to your care and your stay in the Center. Written permission shall be obtained before your medical records can be made available to anyone not directly concerned with your care.
- 12. To reasonable responses to any appropriate requests you make for service.
- 13. To leave the Center even against the advice of the medical staff.
- 14. To reasonable continuity of care and to know in advance the time and location of your appointment, as well as the physician providing the care.
- 15. To be advised if the Center or your personal physician proposes to engage in or perform human experimentation affecting your care or treatment.
- 16. To refuse to participate in research projects.
- 17. To be informed by your physician or a delegate concerning health care requirements following discharge from the Center.
- 18. To know in advance of your procedure the charges for the proposed services.
- 19. To examine and receive an explanation of your bill.



- 20. To know what Center rules and policies apply to your conduct as a patient.
- 21. To be informed of third-party coverage, including Medicare and AHCCCS coverage.
- 22. To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care or treatment when (1) the patient has been adjudged incompetent under State law or (2) the legal representative was designated by the patient under State law.
- 23. To file a grievance and/or complaint with the State Department of Health Services and/or the Center and be informed of the action taken.
- 24. To be aware a grievance procedure is available to all patients and visitors of the Center.
- 25. To know if you feel we have not satisfactorily met your needs or you have any complaints or concerns regarding your experience at Canyon Surgery Center, you are encouraged to contact Elizabeth Hakal, Administrator at 602-589-8000.
- 26. To know if you have any further grievance regarding your experience you may contact:

Arizona Department of Health Services 150 N. 18th Avenue Phoenix, AZ 85007 Phone: (602) 364-3030

27. To know if you are a Medicare beneficiary and have a complaint about the quality of your care you may contact:

Office of the Medicare Beneficiary Ombudsman www.cms.hhs.gov/center/ombudsman 1 (800) MEDICARE (1-800-633-4227)