

## **PATIENT'S RIGHTS AND RESPONSIBILITIES**

The Western Maryland Surgicenter is owned and operated by Howard R. Strauss, D.D.S.

The services of the ambulatory surgery center shall be available to all individuals regardless of race, color, creed, sex, religion, or national origin. All patients and their families shall be treated with respect, consideration, and dignity.

All patients are encouraged to actively participate in their medical and surgical treatment plan. Patients shall be provided with all relevant information concerning their diagnosis, treatment, and prognosis. When necessary or appropriate, this information will be available and discussed with an appropriate patient-designated or legally authorized patient representative. Information contained in medical records is considered confidential. Patients will be allowed to review and obtain copies of their medical records promptly upon request. A patient may request that the surgeon amend a record that is not accurate, relevant, or complete. The surgeon will have the sole discretion as to whether to make the requested amendment. If the surgeon does not amend the record, the patient may add a brief statement to the record. Whenever the record is disclosed or transferred, any such statement must be included.

No experimental procedures are performed in the surgery center.

Representatives from the ambulatory surgery center will ensure the following information has been made available to each patient:

### **RIGHTS**

1. Provisions regarding the normal hours of operation of the ambulatory surgery facility, specific directions to address, and after-hours emergency concerns or issues which may arise. We will make every effort to see you near the time of your appointment. (Be aware that emergencies do occur, so you could experience a delay in being seen. If this is an inconvenience, you will be given the option of rescheduling your appointment.)
2. The patient, or the patient's representative, shall receive both written and oral discharge instructions providing guidance and appropriate telephone numbers to accomplish after-hours contact. As a patient at this office/Surgicenter, you can expect that your reports of pain will be believed and you will be given information concerning your pain and pain relief measure by a concerned staff member who will respond quickly to your reports of pain with effective pain management techniques.
3. The patient shall receive clear and concise information regarding the procedures planned, the anticipated outcome or results, and the consequences of refusing treatment or not complying with the established treatment plan. There shall be a written, signed, and witnessed surgical consent obtained prior to each surgical or diagnostic procedure performed in the facility.
4. The ambulatory surgery center shall not provide treatment to unemancipated minors not accompanied by an adult. The minor's parent, legal guardian, or properly designated and pre-authorized representative must be present at the facility prior to an unemancipated minor receiving treatment in the facility. A pre-authorized patient representative must be designated in writing by the minor's parent or legal guardian prior to the date of surgery.
5. We will respect your decision concerning DNR orders or a living will. Be aware that your surgery here is most likely elective and the administration of anesthetic agents and some medications may cause variations in your vital signs that we can correct. We will, therefore, ask that you consider rescinding any DNR requests while receiving care in our facility. Any questions regarding this request should be directed to Dr. Strauss or the Clinical Supervisor.

6. Each patient shall receive information regarding the fees associated with the use of the facility. The patient shall be advised of the ambulatory surgery center's policy regarding the processing of insurance claims, the payment of patient co-pays and deductibles, and the policy concerning balance billing for services rendered.
7. All information provided to the patient concerning the ambulatory surgery center shall accurately reflect the facility's competence, capabilities, licensure, certification, and accreditation.

### **RESPONSIBILITIES**

1. The patient shall be on time for appointments. If an appointment needs to be changed or cancelled, as much notice as possible should be given.
2. The patient shall follow instructions. If instructions are not clear or the patient or patient's representative has questions, they will notify the office. As a patient at our office/Surgicenter, we expect that you will ask your doctor or nurse what to expect regarding pain and pain management, discuss your relief options with your doctor or nurse, and work with them to develop a pain management plan. You should ask for pain relief when the pain first begins and help your provider and nurses assess your pain and to answer any questions you have concerning taking pain medications.
3. The patient or patient's representative shall read consent forms and have all questions clarified before signing the forms.
4. If the patient is a minor, the parent or guardian is to remain in the ambulatory surgical center while the patient is undergoing treatment. The parent or guardian shall provide care and guidance to the minor patient concerning post-operative and follow-up care.
5. The patient shall provide information concerning DNR orders or living wills to be included with other medical information.
6. The patient shall pay co-pays, deductibles, and the balance of bills according to the pre-arranged schedule of payment. If a payment cannot be made, the office manager must be notified before the payment is due.
7. The patient shall give accurate and up-to-date information concerning health history, medications, and insurance to the ambulatory surgical center. Any changes in health history, medication use, or insurance coverage will be conveyed to the center in a timely manner.
8. The patient or patient's representative is encouraged to ask questions and participate in decisions concerning health care, medications, and surgical procedures.

If you have concerns about your care, treatment, any of the services, or patient safety issues in our office you may contact us by mail or telephone. The following people will answer your questions and follow up on your concerns:

Leah Kidwell, Practice Administrator

Lisa Strauss, RN, Clinical Supervisor

(301) 777-1100

Or you can submit your concern in writing to either Leah or Lisa in care of this office:

Howard R. Strauss, D.D.S., P.A.

925 Bishop Walsh Road

Cumberland, MD 21502

Or contact the Office of the Medicare Beneficiary Ombudsman

<http://www.medicare.gov/ombudsman/resources.asp>

or the Office of health Care Quality, Program Manager of Ambulatory Care Program Unit

800-492-6005

Or contact the Joint Commission

<http://jointcommissison.org>