

Patient Rights and Responsibilities

- All Patients will be treated with respect, consideration and dignity.
- All Patients will be provided appropriate privacy
- All Patients will receive care in a safe setting
- All Patients will be free of all forms of abuse or harassment
- The Patient has the right to the following:
 - Be Free from any act of discrimination or reprisal.
 - Voice grievances regarding treatment of care that is (or fails to be) furnished.
 - Be fully informed about a treatment or procedure and the expected outcome before it is performed
- Patients are provided, to the degree known, information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- If a patient is adjudged incompetent under applicable state laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
- If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by the state law.

Information is available to patients and staff concerning:

1. Patient rights, including those specified above
2. Patient conduct, responsibilities and participation
3. Services available at the organization are available at the front desk and on the website
4. In the event of an emergency call 911 or get to your closest hospital. If after hour care is needed contact the answering service at 419.843.1370 and you will be connected to the physician on call.
5. Fees for service by requesting that information from the receptionist or the billing department at 419-843-1370 option 5.
6. Payment Policies by requesting that information from the receptionist or the billing department at 419-843-1370 option 5.
7. Written Information is available and may be provided by the receptionist to the patient or patient representative for Advanced Directives.
8. The credentials of healthcare professionals are available at reception.
9. How to voice grievances:
10. Please provide feedback, including complaints, to the Charge Nurse, **The Director of Nursing Holly James at 419.345.2364 or the Customer Care Line at 419. 346.1076** with any complaints about our facility or by completing a Patients Satisfaction Form Available at Reception.
11. Medicare patients have the right to file a written report to the QIO (Quality Improvement Organization) about the quality of care they are receiving or have received from the Ambulatory Surgical Center (West Central Surgical Center Bayside). Patients may also file a written report at CMS at Centers for Medicare & Medicaid Services, Dept. of Human Services, Attention: CMS-3225-P, PO Box 8010, Baltimore, MD 21244-8010. Email ombudsman@odh.ohio.gov or website www.cms.gov/center/special-topic/ombudsman. For Complaints call the Ohio Department of Health at 1-800-342-0553.TDD line for hearing impairment.

- This is a physician owned facility. The list of physician owners is available at reception and is hanging on the wall in the reception area
 - Written Information is available and may be provided by the receptionist to the patient or patient representative on its policies on advanced directives, including a description of applicable state health and safety laws, and if requested official state advance directive forms.
 - The patient, or as appropriate, the patient's representative, has the right to make informed decisions regarding the patients care.
 - Advanced Directive and whether a patient have executed an advanced directive will be documented in a prominent part of the patient's medical record.
 - The ASC has established a grievance procedure for documenting the existence, submission, investigation, and disposition of a patient's written or verbal grievance to the ASC
1. All alleged violations/grievances relating, but not limited to, mistreatment, neglect, mental, sexual, or physical abuse, must be fully documented.
 2. All allegations must be immediately reported to a person of authority in the ASC Charge Nurse, Director of Nursing or Medical Director.
 3. Only substantiated allegations must be reported to the state authority or the local authority or both.
 4. The grievance process must process be reviewed and provide written response to the patient within 14 days.
 5. The ASC, in responding to the grievance, must investigate all grievances made by a patient or the patient's representative, or the patients surrogate, regarding treatment or care that is (fails to be) furnished.
 6. The ASC will document how the grievance was addressed, as well as provide the patient, the patients representative, or the patients surrogate with written notice of its decision. The decision will contain the name of the ASC contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the grievance was completed.
- Prior to receiving care, patients are informed of patient responsibilities. These responsibilities require the patient to:
 - Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over the counter products and dietary supplements, and any allergies or sensitivities.
 - Follow the treatment plan prescribed by his/her provider and participate in his/her care.
 - Provide a responsible adult to transport him/her from the facility and remain with him/her for 24 hours, if required by his/her provider.
 - Accepts personal financial responsibility for any charges not covered by his/her insurance.
 - Behaves respectfully toward all the health care professionals and staff as well as other patients.
 - Patients are informed of their right to change providers if other qualified providers are available

Patient Signature _____ Date: _____

