



Patient Rights and Responsibilities

As a patient, you have these Rights and Responsibilities.

Patient Rights

We support your right to:

- **Access Care** – You have the right to receive care when medically necessary no matter your age, race, ethnicity, religion, culture, language, physical or mental disability, income level, job, sex, sexual orientation, and gender identity or expression.
- **Access Medical Records** – You have the right to see, request a review of, and request changes to your medical records as allowed by law and regulation.
- **Advance Directives** – You have the right to complete an advance directive, including a Do Not Resuscitate (DNR) order, durable power of attorney for health care, and living will. Your right to receive care, treatment, and services does not require you to have these documents completed. You may provide an Advance Directive copy for your medical record, but as a provider of outpatient services, if an adverse event occurs during your stay, all reasonable efforts will be taken to revive you, including resuscitative or other stabilizing measures, regardless of the contents of any advance directive, DNR order, living will, health care proxy or instructions from a health care agent. In the unlikely event that you are transferred to a hospital, your Advance Directive will accompany you.
- **Access to Ethics Committee** – You have the right to request a meeting with an ethics committee member to discuss any issues about your care.
- **Confidentiality** – You have the right to confidentiality with your medical records and any discussions and decisions about your care.
- **Continuity of Care and Discharge Information** – You have the right to receive written discharge information from your healthcare team about your follow-up care.
- **Designate Others to Make Care Decisions** – You have the right to name a guardian, next of kin, or another legally authorized responsible person to make care decisions, including refusing care, on your behalf if you are unable to do so, as allowed by law or regulation.
- **Disclosure** – You and your guardian or other legally authorized responsible person have the right to receive open, honest, prompt, and easy-to-understand communication from your healthcare team about your condition and treatment, including any unexpected outcomes related to serious medical events in accordance with HIPAA privacy laws, and the Patient Information and Disclosure and Apology policies.
- **Effective Communication** – You, your family, and visitors have the right to effective communication from your healthcare team unless it is restricted due to your medical condition or at your request.
- **Information** – You have the right to receive information about your outcomes of care, treatment, and services in a way appropriate for your age, language, and ability to understand, from your healthcare team to take part in current and future healthcare decisions.
- **Information About Charges for Treatment** – You have the right to take part in your treatment decisions and to receive information about the cost of treatment.
- **Informed Consent and Refusal** – You have the right to request information about your care and to know the risks, benefits, and choices for treatment, except in an emergency. You may refuse treatment to the extent allowed by law.
- **Interpretation and Translation Services** – You have the right to receive and request medical information in your preferred language. This includes interpreter services, translation of information, vision, and hearing accommodations.
- **Know the Identity of Your Caregivers** – You have the right to know the name and role of those who care for you.
- **Pain Management** – You have the right to have your pain assessed, evaluated, treated, and reassessed by the healthcare team.



- **Participate in Decisions About Your Care** – You and your family have the right to be involved in decisions about your care, treatment, and services provided, including the informed consent process. You and your family have the right to have your doctor promptly notified you of your admission to the hospital.
- **Information About Transfers** – You have the right to receive information about a transfer to another doctor, unit, or facility before it happens.
- **Patient Visitation** – The ambulatory surgery center allows a family member, friend, or another individual to be present with you for your emotional support during your visit. General patient visitation will not be restricted, limited, or otherwise denied based on age, ethnicity, religion, culture, language, physical or mental disability, income education, job, income level, sex, sexual orientation, and gender identity or expression. If you would like a copy of any patient policy, please contact a member of your care team.
- **Positive Self-Image and Dignity** – You have the right to a medical chaperone and to receive care in an environment that preserves your dignity and contributes to a positive self-image. You have the right to keep and use personal clothing and possessions, use mail services, and use telephones in a private space unless this impacts on others' rights or is not medically or therapeutically advised, based on the setting, patient population, or service.
- **Privacy** – You have the right to personal privacy during your treatment.
- **Privacy of Pictures** – You have the right to expect that pictures, recordings or other images taken by staff that contain any patient identifiers or facial information will be treated as protected health information and will not be released to anyone without your consent, except when required by law or a third-party payer contract. If you would like a copy of any patient policy, please contact a member of your care team.
- **Protective Services** – You have the right to a safe and secure environment, including assistance in accessing protective and advocacy services as needed.
- **Release of Medical Records** – You have the right to expect that your medical records will not be released to anyone without your consent, except when required by law or a third-party payer contract.
- **Report Concerns Regarding Care and Safety** – You have the right to share concerns and receive assistance to settle a complaint without being pressured, or subject to discrimination, reprisal, or unreasonable interruption of care.
- **Research and Teaching** – Research to improve health is part of our mission. While we may use patient information in research, we will not release information that identifies a patient unless the patient gives us permission. You have the right to choose whether to take part in any research study or educational program. If you decide that you no longer want to take part in a study, you can stop at any time and it will not change your access to any care, treatment, or services unrelated to the research.
- **Respect for Cultural and Personal Values** – You have the right to expect understanding of your cultural values, beliefs, and preferences, including respect for special religious, spiritual, and cultural practices/services, as allowed by law.
- **Respectful Care** – You have the right to be free and protected from abuse, neglect, inappropriate use of restraint and seclusion, humiliation, financial or other exploitation, and retaliation.
- **Safe and Clean Environment** – You have the right to expect to be cared for in a safe and clean environment. You have the right to report concerns regarding your care and safety.
- **Second Opinion** – You have the right to ask for the advice of another doctor if you are uncertain about your care or treatment plan.



**THE
SURGERY
CENTER**
of Southwest Ohio

Your Responsibilities:

It is your responsibility to:

- Be respectful of your healthcare team, including all employees of the hospital and ambulatory care clinics, other visitors, and patients.
- Be thoughtful about your language, behavior and conduct, and the property of others. Be mindful of noise levels, privacy and the number of visitors allowed.
- During your hospital stay, you have a right to privacy. Out of respect for others, patients and visitors are not permitted to video/audio record or take photos of other patients or hospital staff without their permission.
- Give full information about your health and any changes in your condition to your doctor and other members of your healthcare team.
- Follow your treatment plan and tell your doctor or nurse if you have any concerns, so changes can be made, if needed. If you choose not to follow your care instructions, you will be responsible for the outcome.
- You and your family are encouraged to ask questions if you do not understand the information about your treatment or what to do for your care. You and your family are also encouraged to ask questions about patient safety procedures (e.g. Have you washed your hands?).
- It is in your best interest to stay in the area where your care is given to enhance patient safety
- Follow the Tobacco-Free Environment policy. Smoking or the use of other tobacco products is prohibited anywhere on the hospital or ambulatory properties.
- Pay your bills in a timely manner. Financial counseling can be made available upon request.

Your Concern is Our Concern:

If you have any concerns about your care, treatment, or safety, we encourage you to talk with a member of your healthcare team or call The Surgery Center of Southwest Ohio Administrator. A staff member will talk with you and connect you with the best person to help with your issue or concern. Most concerns can be resolved through this process.

The Surgery Center of Southwest Ohio Administrator – 937-202-4666.

If at any time you feel you need more help, you may choose to call or email:

The Ohio Department of Health, Health Care Facility Complaint Hotline – 800-342-0553; email hccomplaints@odh.ohio.gov

U.S. Department of Health and Human Services, Office for Civil Rights -312-886-2359

Disability Rights Ohio - 614-466-7264 (TDD: 614-728-2553)

The Medicare Beneficiary Ombudsman at:

www.medicare.gov/claims-appeals/

1-800-MEDICARE or 1-800-633-4227 (TDD: 1-877-486-2048)

The Healthcare Facilities Accreditation Program (HFAP) – email <mailto:info@hfap.org>