



Outpatient Surgery Center

St. Joseph's Hospital and Medical Center

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St. Joseph's Outpatient Surgery Center

St. Joseph's Recovery Care Center

PATIENT RIGHTS

- A patient has the right to respectful care given by competent personnel.
- A patient has the right, upon request, to be given the name of his attending practitioner, the names of all other practitioners directly participating in his care and the name and function of other health care persons having direct contact with the patient.
- A patient has the right to consideration of privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.
- A patient has the right to have records pertaining to his medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.
- A patient has the right to know the rules and regulations that apply to his conduct as a patient.
- The patient has the right to expect emergency procedures to be implemented without unnecessary delay.
- The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
- The patient has the right to full information in layman's terms, about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the responsible person.
- Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure.
- A patient, or if the patient is unable to give informed consent, a responsible person, has the right to be advised when a practitioner is considering the patient as part of a medical care research program or donor program, and the patient or responsible person, shall give informed consent prior to actual participation in the program. A patient or responsible person may refuse to continue in a program to which he previously given informed consent.
- A patient has the right to medical and nursing services without discrimination based upon age, race, color, religion, sex, national origin, handicap, disability or source of payment.
- The patient who does not speak English shall have access, where possible, to an interpreter.
- The patient has the right to expect good management techniques to be implemented within the Surgery Center. These techniques shall make effective use of the time of the patient and avoid the personal discomfort of the patient.
- When an emergency occurs and a patient is transferred to another facility, the responsible person shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
- The patient has the right to examine and receive a detailed explanation of his bill.
- A patient has the right to expect that the Surgery Center will provide information for continuing health care requirements following discharge and the means for meeting them.
- The patient has the right to appropriate assessment and management of pain.
- A patient has the right to be informed of his rights at the time of admission.
- You have the right to present an Advance Directive, such as a living will healthcare proxy. A copy of any Advance Directive may be provided to the Surgery Center and physician. However, it is our policy for the staff to provide all life saving methods to any patients in an emergency situation.

PATIENT RESPONSIBILITIES

- It is the Patient's responsibility to read and understand all permits and/or consents he/she signs. If the patient does not understand, it is the patient's responsibility to ask the nurse or physician for clarification.
- It is the patient's responsibility to answer all medical questions truthfully to the best of his/her knowledge.
- It is the patient's responsibility to read carefully and follow the pre-operative and post-operative instructions his/her physician and/or St. Joseph's Outpatient Surgery Center has given. This includes post-operative appointments.
- It is the patient's responsibility to notify St. Joseph's Outpatient Surgery Center if he/she has not followed the pre-operative instructions.
- It is the patient's responsibility to provide transportation as directed to and from St. Joseph's Outpatient Surgery Center appropriate to the medications and/or anesthetics he/she will be receiving.

- It is the patient’s responsibility to contact his/her physician if he/she has any complications
- It is the patient’s responsibility to assure all payments for services rendered are on a timely basis and the ultimate responsibility for all charges are his/her, regardless of whatever insurance coverage he/she may have
- It is the patients responsibility to notify either the Administrator or one of the Managers at St. Josephs Outpatient Surgery Center if he/she feels any of his/her Patient Rights have been violated, or if he/she has a significant complaint or a suggestion to improve services or the quality of care. This can be done by filling out our patient satisfaction questionnaire or by direct contact or by telephone.

physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility’s policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

If you do not agree with this facility’s policy, we will be pleased to assist you in rescheduling your procedure.

Please initial the appropriate line.

- I have provided my Advanced Directive to this facility _____
- I do not have an Advanced Directive _____

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at (602) 406 -3552 or by mail at:

St. Josephs Outpatient Surgery Center
240 W. Thomas Road
Phoenix, AZ 85013

Complaints and grievances may also be filed through the State of Arizona Office of the Director at:

Arizona Department of Health Services
150 North 18th Avenue
Phoenix, AZ 85007
(602) 542 - 1025

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman’s webpage on the web at:
www.cms.hhs.gov/center/ombudsman.asp

DISCLOSURE OF OWNERSHIP

St. Josephs Outpatient Surgery Center is proud to have a number of quality physicians invested in our facility. Their investment enables them to have a voice in the administration of policies of our facility. This involvement helps to ensure the highest quality of surgical care for our patients. Your physician ***does /does not (circle as appropriate)*** have a financial interest in this facility.

ADVANCE DIRECTIVE NOTIFICATION

In the State of Arizona, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient’s expressed wishes when the patient is unable to make decisions or unable to communicate decisions. St. Josephs Outpatient Surgery Center respects and upholds those rights.

However, unlike in an acute care hospital setting, St. Josephs Outpatient Surgery Center does not routinely perform “high risk” procedures. While no surgery is without risk, most procedures performed in this facility are considered to be of minimal risk. You will discuss the specifics of your procedure with your

I received this information prior to the date of my surgery.

I received this information on the day of my surgery and have read and understand its contents.
