

PATIENT RIGHTS

YOU HAVE THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISIONS REGARDING YOUR CARE. THE WILTON SURGERY CENTER AND THE MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO YOU, OUR PATIENT, OR TO YOUR REPRESENTATIVE OR SURROGATE PRIOR TO YOUR PROCEDURE OR SURGERY.

YOU HAVE THE RIGHT:

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- To receive considerate, respectful and dignified care, delivered in a safe environment and free from any form of abuse, neglect, harassment or reprisal.
- To know the identity and professional status of individuals providing services to you, and to know the name of the physician who is primarily responsible for the coordination of your care.
- To be provided privacy and security during your care.
- To receive information from your physician about your illness, the course of treatment planned for you and your prospects for recovery in terms that you can understand.
- To receive as much information about any proposed treatment or procedures as you may need in order to give informed consent prior to the start of any procedure or surgery. When it is medically inadvisable to give such information to you, this information will be provided to a person designated by you or to a legally authorized person.
- To make decisions regarding the healthcare that is recommended by your physician. Accordingly, you may accept or refuse any recommended medical treatment. If treatment is refused, you have the right to be told what effect this may have on your health. The reason for refusing treatment will be reported to your physician and documented in your medical record.
- To be free from mental and physical abuse, or exploitation during the course of your care.
- To full consideration of privacy concerning your medical care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.
- To confidential treatment of all communications and records pertaining to your care and your stay at Wilton Surgery Center. Your written permission shall be obtained before medical records can be made available to anyone not directly concerned with your care. Wilton Surgery Center has established policies to govern access to and duplication of patient records.
- To leave the facility, even against the advice of your physician.
- To reasonable continuity of care and to know in advance the time and location of your appointment, as well as the physician providing your care.
- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- To be informed by your physician or a delegate of your physician of the continuing health care requirements following your discharge from Wilton Surgery Center.
- To be advised of your right to change providers if other qualified providers are available.
- To know which facility rules and policies apply to your conduct while a patient.
- To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf. All facility personnel shall observe these patient's rights.
- To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to your care. Your written consent for participation in research shall be obtained and retained in your medical record.
- To examine and receive an explanation of your bill regardless of source of payment.
- To appropriate assessment and management of pain.
- To be advised if your physician has a financial interest in the surgery center.
- If applicable, to be advised of the absence of malpractice coverage.
- If applicable, regarding care of the pediatric patient, to be provided supportive and nurturing care, which meets the emotional and physiological needs of the child and to receive care that supports participation of the caregiver in decisions affecting medical treatment.

State of Connecticut Facility Licensing & Investigation Section www.cms.hhs.gov/center/ombudsman.asp **Department of Public Health**

ATTN: Barbara Cass, Section Chief 410 Capitol Avenue, MS#12HSR Hartford, CT 06134-0308 (860) 509-7400

Office of the Medicare Beneficiary Ombudsman

http://www.medicare.gov/claims-and-appeals/medicare-rights/get help/ombudsman.html

The Medicare Ombudsman's role is to ensure that Medicare Beneficiaries receive the information they need to understand their Medicare options and apply their Medicare rights and protections.