

PATIENT'S RIGHTS:

1. Patients shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment. Maintenance in the community and that these are described in an accompanying written statement of the applicable right and responsibilities.
2. Patients have the right to be treated with courtesy and respect for their individuality by employees or persons providing service in a health care facility.
3. Patients shall have the right to appropriate medical and personal care based on individual needs
4. Patients shall have or be given in writing the name, business address, telephone number and specialty of any of the physicians responsible for coordination of their care.
5. Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider.
6. Patients shall be given by their physician complete and current information concerning their diagnosis, treatment, alternatives, risks and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the patient can reasonably be expected to understand.
7. Patients shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences and the right to include a family member or other representative chosen by the patient.
8. Patients shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.
9. Competent patients shall have the right to refuse treatment based on the information required in Patient Right #6. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the

conditions and circumstances shall be fully documented by the attending physician in the patient's medical record.

10. Written, informed consent must be obtained prior to patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.
11. Patients shall be free from maltreatment as defined in the Vulnerable Adults Protection Act.
12. Patients shall have the right to respectfulness and privacy as it relates to their personal care program.
13. Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility.
14. Patients shall have the right to a prompt and reasonable response to their questions and requests.
15. Patients shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being.
16. Patients shall have the right to prompt and reasonable response to their questions and requests.

Patient Responsibilities:

1. To provide complete and accurate information to the best of their ability about their health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
2. To follow the treatment plan prescribed by their provider, including pre-operative and discharge instructions.
3. To provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their provider.
4. To inform their provider about any living will, medical power of attorney, or other advance healthcare directive in effect.
5. To accept personal financial responsibility for any charges not covered by their insurance.
6. To be respectful of all healthcare professionals and staff, as well as other patients

If you need an Interpreter:

If you will need an interpreter, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

Rights and Respect for Property and Person:

The patient has the right to:

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievance regarding treatment or care that is, or fails to be, furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Confidentiality of personal medical information.

Privacy and Safety:

The patient has the right to:

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

Advance Directives:

An "Advance Directive" is a general term that refers to your instructions about your medical care in the event you become unable to voice these instructions yourself. Each state regulates advance directives differently. STATE laws regarding Advanced Directives are found in Minnesota 145B.01-10. In the State of Minnesota, all patients have a right to a written instruction such as a living will or durable power of attorney for health care relating to the provision of healthcare when the individual is incapacitated. Written information is given to all adults receiving services of their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and to formulate advance directives.

You have the right to informed decision making regarding your care, including information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will also be provided upon request. A member of our staff will be discussing Advance Directives with the patient (and/or patient's representative or surrogate) prior to the procedure being performed.

North Metro Surgery Center respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient's condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient's care.

Complaints/Grievances: If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolutions. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

North Metro Surgery Center
Celeste Moore, RN, BSN Center Director
11855 Ulysses St., Suite 270
Blaine, MN 55434
(763) 755-6540

You may contact your state to report a complaint:

Minnesota Dept. of Health
Office of Health Facility Complaints
P.O. Box 64970
St. Paul, MN 55164-0970
651-201-4201 or 1-800-369-7994
Email: health.fpc-web@state.mn.us

Medicare beneficiaries may also file a complaint with the:

Medicare Ombudsman Website
www.medicare.gov/Ombudsman/resources.asp
Medicare: www.medicare.gov
or call 1-800-MEDICARE (1-800-633-4227)

Office of the Inspector General: <http://oig.hhs.gov>
This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Complaints or grievances may also be filed through:

AAAHC
5250 Old Orchard Road, Suite 200
Skokie, IL 60077
1-847-853-6060 or email: info@aaahc.org

Physician Financial Interest and Ownership: The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

The following Physicians have a financial interest in the Center:

Dr. David Folden, M.D.	Dr. Patrick Johnson, M.D.
Dr. Mark Lobanoff, M.D.	Dr. Sarah Lippert, M.D.
Dr. David Neese, D.P.M.	Dr. Jeffrey Mich, D.P.M.
Dr. Scott Saxe, D.P.M.	Dr. Corey Stennes, M.D.
Dr. Matthew Palmer, D.O.	Dr. Jillian Hallstrom, M.D.

By signing below, you, or your legal representative, acknowledge that you have received, read and understand this information (verbally and in writing) of the procedure, and have decided to have your procedure performed at this center.

X _____
Signature of Patient or Patient Legal Representative

Date: _____



North Metro Surgery Center

Patient's Rights and Notification of Physician Ownership

PATIENT'S BILL OF RIGHTS:

Every patient has the right to be treated as an individual and to actively participate in making informed decisions regarding his/her care. The Facility and Medical Staff have adopted the following Patient Rights and Responsibilities. These are communicated to each Patient (or the Patient's Representative / Surrogate prior to the procedure/surgery).

Statement of Nondiscrimination:

Hmong: LUS CEEV: North Metro Surgery Center Yog tias

koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-763-755-6540.

Russian: ВНИМАНИЕ: North Metro Surgery Center Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 763-755-6540

Spanish: ATENCIÓN: North Metro Surgery Center si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 763-755-6540