

## Patient's Rights and Notification of Physician Ownership

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISIONS REGARDING HIS/HER CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE/SURROGATE PRIOR TO THE PROCEDURE/SURGERY.

### PATIENT'S RIGHTS:

- 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.
  - To be provided privacy and security during the delivery of patient care service.
  - To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
  - 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.
  - To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record.
  - To be free from mental and physical abuse, or exploitation during the course of patient care.
  - Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.
  - Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.
  - To have care delivered in a safe environment, free from all forms of abuse, neglect, harassment or reprisal.
  - Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
  - Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility.
  - To know which facility rules and policies apply to his/her 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 behalf of the patient. All 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 the patient's care. The patient's written consent for participation in research shall be obtained and retained in his/her patient record.
  - To examine and receive an explanation of his/her bill regardless of source of payment.
  - To appropriate assessment and management of pain.
  - To be advised if the physician providing care has a financial interest in the surgery center.
- 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 support participation of the caregiver in decisions affecting medical treatment.

### PATIENT RESPONSIBILITIES:

- 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.
- To follow the treatment plan prescribed by their provider, including pre-operative and discharge instructions.

**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 resolution. 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:

Nadine Hullet RN, Center Director

1708 E. 23<sup>rd</sup> Ave. Hutchinson, KS phone: 620-664-5252

You may contact the state to report a complaint;

Kansas Department of Health and Environment

1000 SW Jackson

Topeka, KS 66612

Phone: 785.296.1500

**State Web site:** <http://www.kdheks.gov/>

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman. **Medicare Ombudsman Web site:** [www.medicare.gov/Ombudsman/resources.asp](http://www.medicare.gov/Ombudsman/resources.asp)

**Medicare:** [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227)

**Office of the Inspector General:** <http://oig.hhs.gov>

**Physician Financial Interest and Ownership:** Physician Financial Interest and Ownership

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

**THE FOLLOWING PHYSICIANS HAVE A FINANCIAL INTEREST IN THE CENTER: Dr. Strange, Dr. Wellemeyer, Dr. Rettig, and Dr. Friesen.**

**Surgery Center of South Central Kansas  
1708 E. 23<sup>rd</sup> Ave. Hutchinson, KS 67502  
620-664-5252**