

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

The Orthopedic Surgery Center of Arizona
2262 E. Rose Garden Lane/Phoenix, Arizona 85024
Phone: 602.424.4408

I acknowledge that I have received access to the Privacy Notice. These are located in the patient waiting area, as well as the patient Pre-Op area. I understand that if I am not familiar with the HIPAA Privacy Act, The Orthopedic Surgery Center of Arizona suggests that I take a moment to read this information regarding my privacy rights. I also understand that written information in brochure form will be provided to me upon request.

Patient or Personal Representative Signature

Date

If *Personal Representative's* signature appears above, please print name and address of signer, as well as the *Personal Representative's* relationship to the patient:

Print Name

Address

Relationship

Day of Surgery:

Please list persons below (if any) that you give authorization to receive your personal health information (PHI).

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Any Time after Day of Surgery:

Please list persons below (if any) that you give authorization to receive your personal health information (PHI).

Name: _____

Relationship: _____

Name: _____

Relationship: _____

THE ORTHOPEDIC SURGERY CENTER OF ARIZONA

Patient's Bill of Rights and Responsibilities.

1. The patient has the right to be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care needs;
2. To be free from chemical, physical, and psychological abuse or neglect;
3. To refuse or withdraw consent for treatment or give conditional consent for treatment;
4. To have medical and financial records kept in confidence and the release of such records shall be by written consent of the patient or the patient's representative except as otherwise required or permitted by law;
5. To be informed of the following:
 - a. Proposed surgical procedures and the risks involved;
 - b. Policy on advance directives;
 - c. Costs of services prior to obtaining services or prior to a change in rates, charges, or services.
 - d. Notice of third-party coverage, including Medicare and Arizona Health Care Cost Containment System coverage; and
 - e. The patient grievance process.
6. Individuals shall be accorded impartial access to safety of care, services and treatment or accommodations that are available or medically indicated, regardless of race, creed, sex, age, educational or social status, national origin, or source of payment.
7. The patient has the right to expect reasonable safety insofar as the Center practices and environment are concerned.
8. The patient has the right to know the identity and professional status of individuals providing service to him/her and to know which physician or other practitioner is primarily responsible for his/her care.
9. The patient has the right to obtain from the practitioner responsible for coordinating his/her care, complete and current information concerning his/her diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms the patient can reasonably be expected to understand.
10. The patient has the right to examine and receive explanation of their bill, regardless of the source of payment.
11. The patient has the right to reasonable informed participation in decisions involving his/her health care. To the degree possible, this should be based on a clear, concise explanation of their condition and of all proposed technical procedures including possibilities of risk or mortality, serious side effects, problems related to recuperation and probability of success. The patient should not be subject to any procedure without his/her voluntary, competent and understanding consent or that of his/her legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be informed.
12. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his/her actions.
13. The patient has the right to be free from restraints unless medically necessary.
14. The patient has the right to appropriate assessment and management of pain.
15. The patient has the right to have his/her cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected.
16. To know methods for expressing grievances and suggestions. The patient has the right to express grievances, make suggestions to the organization by contacting the surgery center's Administrator at 2262 E. Rose Garden Lane, Phoenix, Arizona 85024. Phone 602.424.4408 Fax: 602.424.4409; and complain to the Arizona Department of Health Facility Licensing & Compliance Division, 150 North 18th Avenue, Phoenix, Arizona 85007 Phone: (602) 364-3030; Fax: (602) 542-0883 or at this web site: www.medicare.gov/Ombudsman/activities.asp; if you have not been able to reach a solution with the center for issues about quality of care.
17. A patient has the right to have an advance directive (such as a living will, healthcare proxy, or durable power of attorney for healthcare) concerning treatment or designating a surrogate decision maker with the intent of that directive to the extent permitted by law. If a copy of the advance directive is available at the center and the patient's health status requires transfer to a center a copy of the advance directive will be sent with the patient.

The patient of the admitting facility has the following responsibilities.

1. The patient must provide accurate and complete information concerning his/her present complaints, past medical history and other matters about his/her health.
2. The patient is responsible for making it known whether he/she clearly understands the course of his/her medical treatment.
3. The patient is responsible for following the treatment plan established by his/her physician, including following the instructions of nurses and other health professionals as they carry out the physician's orders.
4. The patient is responsible for keeping appointments and for notifying the facility/physician if unable to do so.
5. The patient is responsible for his/her actions should treatment be refused or physician orders are not followed.
6. The patient is responsible for assuring financial obligations are fulfilled.
7. The patient is responsible for following the facility policies and procedures.
8. The patient is responsible for being considerate of other patients and facility personnel.
9. The patient is responsible for informing the facility of any advance directive, power of attorney, DNR or living will

ARIZONA STATE LAW ON ADVANCED DIRECTIVES DECISIONS ABOUT YOUR HEALTHCARE

How you can plan for the future with living wills and other health care directives.

You are getting this information about your rights to make or control your own health care decisions because of a 1991 federal law. We hope this information will help you. A description of this health care organization's policies about your rights to make health care decisions will be given to you along with this information. You are also encouraged to talk with your family, your doctor and anyone else who could assist you in these matters.

Q. Who makes your health care decisions?

A. You do, if you can make and communicate them. Your doctors should tell you about the treatment they recommend, other reasonable alternatives and important medical risks and benefits of the treatment and alternatives. You have the right to decide what health care, if any, you will accept.

Q. What happens if you become unable to make or communicate your health care decisions?

A. You can still have some control over your health care decisions, if you have planned ahead. One way to plan ahead is by making a health care directive which names someone to make these decisions for you, or which guides or controls these decisions. If you have not named someone in a health care directive, your doctors must seek a person authorized by law to make these decisions. A person who makes health care decisions for you is called a surrogate.

Q. What is a health care directive?

A. It is a written statement about how you want your health care decisions made. Under Arizona law, there are common types of health care directives. They are:

1. A living will, which is a written statement about health care you want or do not want that is followed if you cannot make your own health care decisions. For example, a living will can state your life support wishes if you are unconscious and unlikely to recover.
2. A pre-hospital medical care directive, which is a directive refusing certain life saving emergency care given outside of or inside a hospital emergency room. To make one, you must complete a special form.

These directives used separately or together, can help you say "yes" to treatment you want and "no" to treatment you do not want.

Q. Must your health care directives be followed?

A. Yes. Both health care providers and surrogates must follow valid health care directives.

Q. Can you be required to make a health care directive?

A. No. Whether you make a health care directive is entirely up to you. A health care provider can not refuse care based on whether or not you have a health care directive.

Q. Can you change or revoke health care directives?

A. Yes. If you change or revoke a health care directive, you should notify everyone who has a copy.

Q. Who can legally make health care decisions for you if you are unable to make your own decisions and if you have not made a health care power of attorney?

A. A court may appoint a guardian to make health care decisions for you. Otherwise, your health care provider must go down the following list to find a surrogate to make your health care decisions for you:

1. Your spouse, unless you are legally separated.
2. Your adult child-if you have more than one adult child, a majority of those who are available.
3. Your mother or father.
4. Your domestic partner, unless someone else has financial responsibility for you.
5. Your brother or sister.
6. A close friend of yours (someone who shows special concern for you and is familiar with your health care views).

If your health care provider can not find an available and willing surrogate to make health care decisions for you, then your doctor can decide with the advice of an ethics committee or, if this is not possible, with the approval of another doctor.

You can keep anyone from becoming your surrogate by saying, preferably in writing, that you do not want that person to make health care decisions for you.

A surrogate will not have the right to refuse the use of tubes to give you food or fluids unless:

1. You have appointed that surrogate to make health care decisions for you in health care power of attorney; or,
2. A court has appointed that surrogate as your guardian to make health care decisions for you; or,
3. You have stated in a health care directive that you do not want this specific treatment.