

PATIENT RIGHTS AND RESPONSIBILITIES

Lakeview Endoscopy Center, Medical staff, and Governing Body have adopted the following statement of patient rights and responsibilities.

Patient Rights

This list shall include, but not be limited to:

- A. Be informed of his or her rights as a patient in advance of, receiving care. The patient may appoint a representative to receive this information should he or she so desire.
- B. Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.
- C. Considerate, respectful and dignified care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- D. Access protective and advocacy services or have these services accessed on the patient's behalf.
- E. Appropriate assessment and management of pain.
- F. Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her. The patient has a right to change providers if other qualified providers are available.
- G. Be advised if the physician has a financial interest in the surgery center.
- H. Be advised as to the absence of malpractice coverage.
- I. Receive complete information from his/her physician about his/her illness, course of treatment, alternative treatments, outcomes of care (including unanticipated outcomes), and his/her prospects for recovery in terms that he/she can understand.
- J. Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.
- K. Participate in the development and implementation of his or her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- L. Be informed of the facility's policy and state regulations regarding advance directives and be provided advance directive forms if requested.
- M. Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- N. Confidential treatment of all communications and records pertaining to his/her care and his/her stay at the facility. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- O. Receive information in a manner that he/she understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and, as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment.
- P. Access information contained in his or her medical record within a reasonable time frame.
- Q. Be advised of the facility's grievance process, should he or she wish to communicate a concern regarding the quality of the care he or she receives. Notification of the grievance process includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the facility's contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance and the grievance completion date. To file a grievance you may contact any of the following:

Selena Young, Administrator, Lakeview Endoscopy Center, Bountiful, UT phone: 801-299-6766

Utah Department of Health, P.O. Box 42002, SLC, UT 84114 phone: 801-538-6152

**The Accreditation Association for Ambulatory Health Care, Inc: Office of Quality
5250 Old Orchard Road, Suite 200, Skokie, Illinois 60077 phone: 847-853-6060**

R. Be advised of contact information for the state agency to which complaints can be reported, as well as contact information for the Office of the Medicare Beneficiary Ombudsman.

Medicare Ombudsman: Toll free # 877-424-4640, Local # 801-538-3910

- S. Be advised if facility/personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects. Refusal to participate or discontinuation of participation will not compromise the patient’s right to access care, treatment or services.
- T. Full support and respect of all patient rights should the patient choose to participate in research, investigation and/or clinical trials. This includes the patient’s right to a full informed consent process as it relates to the research, investigation and/or clinical trial. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s).
- U. Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the facility.
- V. Receive an explanation of his/her bill regardless of source of payment.
- W. Know which facility rules and policies apply to his/her conduct while a patient.
- X. Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

All facility personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patients’ rights.

Patient Responsibilities

The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect:

- A. The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications (including over the counter products and dietary supplements), allergies and sensitivities and other matters relating to his/her health.
- B. The patient and family are responsible for asking questions when they do not understand what they have been told about the patient’s care or what they are expected to do.
- C. The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- D. The patient is responsible for keeping appointments and for notifying the facility or physician when he/she is unable to do so.
- E. Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours unless exempted from that requirement by the attending physician.
- F. In the case of pediatric patients, a parent or guardian is to remain in the facility for the duration of the patient’s stay in the facility.
- G. The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
- H. The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
- I. **The patient is responsible for following facility policies and procedures.**
- J. The patient is responsible to inform the facility about the patient’s advance directives.
- K. The patient is responsible for being considerate of the rights of other patients and facility personnel.
- L. The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.

- My Physician has financial interest in this surgery center**
- My Physician does not have financial interest in this surgery center**

I HAVE RECEIVED: WRITTEN NOTIFICATION & VERBAL NOTIFICATION OF MY PATIENT RIGHTS.

PATIENT/REPRESENTATIVE SIGNATURE DATE

WITNESS DATE