

Patient Bill of Rights

The Renaissance Surgery Center presents a Patient Bill of Rights with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for our patients.

1. Patients are treated with respect, consideration, and dignity.

As a patient you have the right to receive considerate, respectful care at all times and under all circumstances, with recognition of your personal dignity. Patients have the right to be free from all forms of abuse or harassment. You can expect reasonable responses to all reasonable requests made for service.

- If you do not speak or understand English, you have the right to have access to an interpreter.
- If you have a hearing impairment, you have the right to have access to an interpreter.
- You have the right to wear appropriate personal clothing and religious or symbolic items as long as they do not interfere with diagnostic procedures or treatment.

2. Patients are provided appropriate privacy.

You have the right to be interviewed or examined in surroundings designed to assure a reasonable visual and auditory privacy. You can expect that any discussion or consultation involving your case will be conducted discreetly and that individuals not directly involved in your care will not be present without your permission.

3. Medical Information

Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when required by law.

You have the right to access, within the limits of the law, to the information contained in your medical record (or provide your legally authorized representative with access) and to have your medical record read only by those directly involved in your treatment or monitoring of its quality, except as otherwise permitted by law. You can expect records pertaining to your case will be treated as confidential. See the Notice of Privacy Practices for full information.

Communication

As a patient, you have the right to obtain from the practitioner responsible for coordinating your care, complete information concerning your diagnosis (to the degree known), evaluation, treatment and prognosis. This information should be communicated in terms you can reasonably be expected to understand. When it is medically inadvisable to give such information to the patient, the information is provided to a person designated by the patient, or to a legally authorized person. Discussion or consultation involving your case will be conducted discreetly. You can expect individuals not directly involved in your care will not be present without your permission.

Consent

Patients are given the opportunity to participate in decisions involving their health care except when such participation is contraindicated for medical reasons.

As a patient you have the right to reasonable informed participation in decisions involving your own healthcare. To the degree possible, this should be based on clear, concise information from your doctor regarding your condition, the necessity, appropriateness, and the risks of the proposed procedure as well as discussion of treatment alternatives. You should not be subjected to any procedure without your voluntary, competent consent, or the consent of your legally authorized representative. As a patient, you have the right to know which physician or other practitioner is primarily responsible for authorizing and performing the procedures or treatment.

Patients are informed of their right to refuse to participate in experimental research.

You have the right to be informed and to permit or refuse any human experimentation or other research/educational projects affecting your care or treatment.

4. Methods for expressing grievances and suggestions to the organization:

Renaissance Surgery Center is committed to protecting patient rights and providing quality care. You have the right to file a grievance or make a suggestion at Renaissance Surgery Center. This can be communicated verbally, by phone, patient satisfaction survey, or in writing to a staff member or to the **Facility Director at (559)797-9100.** Your complaint will be investigated and the appropriate person(s) will respond to you in a timely manner. Suggestions are always welcome. Any complaints that have not been remedied through our internal mechanism can be directed to:

Accreditation Agency: Accreditation Association For Ambulatory Health Care (847) 853-6060

State Agencies: CA Department of Public Health (559) 445-3200 Medical Board of California (800) 633-2322

Medicare: Office of Medicare Beneficiary cms.hhs.gov/ombudsman/resources.asp

5. Provisions for after-hours and emergency care

As a patient you have the right to reasonable continuity of care and to be informed by the doctor responsible for your care, or his delegate, of any continuing health care requirements following your discharge from Renaissance Surgery Center. Should problems arise following discharge, contact your doctor directly. In a medical emergency, go to the nearest emergency room or call 911.

Renaissance Surgery Center has developed policies and practices to assure that patient transfers are medically appropriate and legally permissible. Should complications arise, it may be necessary to transfer the patient to another healthcare facility for further medical care. Renaissance Surgery Center ensures that healthcare professionals and facilities with which we are formally affiliated have appropriate accreditation. Patients are informed of the need for such transfers and the transfer must be acceptable to the other facility or organization.

Patient Bill of Rights

6. Patients have a right to expect a quick response to reports of pain.

As a patient you can expect;

- your reports of pain will be believed,
- information about pain and pain relief measures
- a concerned staff committed to pain prevention and management

7. Fees for Services/Payment Policies

As a patient you have the right to know in advance the expected estimated amount of your bill. Regardless of the source of payment for your care, as a patient you have the right to request and receive a bill, with satisfactory response to any questions. You have the right to be informed of the available payment methods. Renaissance Surgery Center cannot guarantee your insurance coverage. Patients are responsible for knowing their own insurance benefits and obtaining authorization. You should always verify coverage with your insurance carrier. As a courtesy, Renaissance Surgery Center will submit a claim and bill your insurance. Patients are responsible for providing necessary information for insurance claims and for working with Renaissance Surgery Center to make payment arrangements, when necessary. Please contact the Business Office if you have any questions.

8. As a patient you have the right to know the services Renaissance Surgery Center provides.

Patients shall be accorded impartial access to services provided at Renaissance Surgery Center that are medically indicated by your doctor. We provide outpatient ambulatory surgery.

9. You have the right to change your provider, if other qualified providers are available.

Qualified means all providers working at Renaissance Surgery Center have undergone a credentialing process and members available currently meet the credentialing criteria approved by Renaissance Surgery Center and its Medical Staff. You have the right to know the credentials of the providers at Renaissance Surgery Center.

10. Marketing or advertising regarding the competence and capabilities of Renaissance Surgery Center are not misleading to patients.

False or misleading statements or statements that might lead the uninformed to draw false conclusions about the facility, its competitors, or other healthcare providers are unacceptable and are not used in marketing or advertising at Renaissance Surgery Center.

PATIENT CONDUCT and RESPONSIBILITIES:

- **To provide to the best of your knowledge, an accurate and complete description of your present condition and past medical history, including past illnesses, medications, including over-the-counter products, dietary supplements, allergies, sensitivities and prior hospitalizations/procedures**
- **Follow the treatment plan prescribed by your provider**
- **Inform your provider about any living will, medical power of attorney or other directive that could affect your care**
- **To make an effort to understand your health care needs and asking your physician or other members of the health care team for information relating to your treatment**
- **To report any unexpected changes in your condition to your physician and indicating whether you understand a suggested course of action**
- **To inform those who treat you whether or not you think you can and want to permit or decline specific treatment**
- **Ask you doctor or nurse what to expect regarding pain and pain management and discuss pain relief options. Help your doctor and nurse to assess your pain. Tell your doctor or nurse if your pain is not relieved and any worries you have about taking pain medication**
- **If you receive a general anesthetic or other type of sedation, you are to have a responsible person drive you home from the surgery center. Please arrange for a responsible person to stay with you for the first night following surgery**
- **You are responsible for your actions if you refuse treatment or do not follow instructions and may be dismissed from care should your behavior interfere with the facility and patient care**
- **As a patient you are responsible for assuring that the financial obligations of your healthcare are fulfilled as promptly as possible, including responsibility for any charges not covered by your insurance**
- **To be considerate of the rights of other patients, health care providers and of Renaissance Surgery Center personnel**

As a patient, you may exercise these rights without regard to race, ancestry, color, national origin, sexual orientation, marital status, religion, disability, or age. Patients are provided with reasonable accommodations in the event they should have any special needs or disabilities, consistent with the Americans with Disabilities Act. I understand my rights and responsibilities as a patient at Renaissance Surgery Center.

Patient: _____

Date Received: _____