

All patients have the right to the following:

1. Receive respectful care from competent personnel;
2. Receive enough information about any proposed treatment or procedure as may be necessary to give informed consent or refuse;
3. Participate in developing and implementing your plan of care and to be able to make your own health care decisions;
4. Appropriate assessment and management of pain;
5. Access information contained in your medical record;
6. Privacy of your health condition and security of self belongings during the delivery of your services;
7. Examine and receive an explanation of your bill regardless of source of payment;
8. To receive these rights without regard to sex, cultural, economic, educational, religious background or the source of payment for care;
9. To know the physician performing his/her procedure may have financial interest or ownership in this ASC;

10. To discharge instructions, including information about after hours' care;
11. To receive the policy on advance directives, and living wills in the facility and to be given information upon request;
12. To address a grievance.

All patients have certain responsibilities as well as rights. The patient responsibilities are as follows:

1. To provide accurate and complete information concerning your present illness, past illnesses and hospitalization and other matters relating to your health;
2. Making it known whether you clearly understand the course of your treatment and what is expected of you;
3. Follow the treatment plan established by your physician, including the instructions of nurses and other health professionals as they carry out the physician's orders;
4. Being responsible for your actions should you refuse treatment or not follow your physician's orders.
5. Assuring that the financial obligations of your care are fulfilled as promptly as possible;
6. Being considerate of the rights of the other patients and facility personnel;
7. Being respectful of your personal property and that of other persons in the facility.

Patient Grievance

In an attempt to offer quality care on both a personal and professional level, patients shall be encouraged to make comments on the care they receive at the Centers.

Any patient who feels that he/she has not been given appropriate care has the right to express their concerns and receive a response to their concerns within ten working days.

If you have a concern, please ask any employee of the Center for a Patient/Family Complaint or Grievance form and return the form to the Center or you may call or ask to speak with the director of surgery or nurse manager about the issue. You may also call the Kansas Department of Health and Environment HotLine at 1-800-842-0078 or contact Medicare Beneficiary Ombudsman at 1-800-633-4227 or www.cms.hhs.gov/center/ombudsman.

Disclosure of Ownership

We are required to notify you that physicians at the Hutchinson Clinic, P.A. may have ownership in the Hutchinson Ambulatory Surgery Center and the Hutchinson Clinic Endoscopy Center.

You have the right to choose a facility where the physician does not have ownership if you believe that is in your best interest.

Advance Directive

Purpose of an Advanced Directive Policy

The purpose of this policy is to implement Federal requirements pursuant to the Patient Self Determination Act requiring our facility to inform patients of their rights regarding decisions concerning medical care. We want you to be informed about your rights and responsibilities as a patient prior to receiving care.

What is an Advance Directive?

An Advance Directive is a way for you to specify your wishes about health care treatment options. It allows you to have control over healthcare decisions when you can no longer speak for yourself. There are several directives recognized by the State of Kansas and you may choose to sign none, one or all of these documents. These are available upon request.

Advance Directive Policy

Advance Directives are not intended for use in ambulatory surgery centers because the procedures performed are elective procedures. In the event a life threatening emergency occurs (i.e. respiratory or cardiac arrest), the following will be implemented on all patients:

- A. Perform emergency procedures as necessary to stabilize all of our patients.
- B. Transfer the patient to an acute health care facility where the attending physician can make an informed decision regarding the patient's well being.
- C. Upon transfer of the patient, the presence of an Advance Directive will be clearly identified and copies of all records and documentation sent.

Patient Rights and Responsibilities

**Hutchinson Ambulatory
Surgery Center, LLC**
**Hutchinson Clinic
Endoscopy Center**

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