

PATIENT RIGHTS

1. Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for his/her care.
2. Treated with respect, consideration, and dignity.
3. Provided with appropriate personal privacy, care in a safe setting, and free from all forms of abuse and harassment.
4. 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 who will see him/her.
5. Receive information from his/her physician about his illness, his/her course of treatment and his prospects for recovery in terms that he/she can understand.
6. Receive as much information from his/her physician about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies this information shall include a description of the procedure or treatment, the medically significant risks involved in each, and to know the name of the person who will carry out the procedure or treatment.
7. Actively participate in decisions regarding his/her medical care to the extent permitted by law, this includes the right to refuse treatment or change his/her primary physician.
8. Full consideration for privacy concerning his/her medical care program. 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.
9. Confidential treatment of all communication and records pertaining to his/her care and his/her stay in the Surgery Center. His/her written permission shall be obtained before his/her medical record can be made available to anyone not directly concerned with his/her care.
10. Reasonable responses to any reasonable request he/she may make for service.
11. Availability of methods for expressing grievances or suggestions through direct communication or patient satisfaction surveys.
12. Leave the Surgery Center even against the advice of his/her physician.
13. Reasonable continuity of care and to know in advance the time and location of appointment as well as the physician providing the care.
14. Be advised if the Surgery Center /personal physician proposes to engage in or perform human experimentation affecting his/her care of treatment; the patient has the right to refuse to participate in such research projects.
15. Be informed by his/her physician or a delegate of his physician of his continuing health care requirements following his discharge from the surgery center.
16. Receive an explanation of fees for service and payment policies.
17. Know which Surgery Center rules and policies apply to his/her conduct and responsibilities as a patient.
18. Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
19. Be advised of the services available at the Surgery Center include ambulatory surgical services, capability of 23 hour care, and minimal lab studies.
20. Knowledge of provisions for 23 hour care and extended post-anesthesia care arranged in advance for patients having surgical procedures.

PATIENT CONCERNS AND/OR GRIEVANCES

Persons who have a concern or grievance regarding **Lakes Surgery Center**, including but not limited to, decisions regarding admission, treatment, discharge, denial of services, quality of services, courtesy of personnel or any other issue are encouraged to contact the Administrator or write a statement to:

**Administrator
Lakes Surgery Center
2300 Haggerty, Suite 1000
West Bloomfield, MI 48323**

Lakes Surgery Center is Medicare Certified and is accredited by the **Joint Commission**. Any complaints regarding services provided at **Lakes Surgery Center** can be directed in writing or by telephone to:

*Michigan Dept. of Community Health
Complaint Investigation Unit
P.O. Box 30664
Lansing, MI 48909
(800) 882-6006
Fax: (517) 241-0093*

*The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
(800) -994-6610*

OR

*<http://www.cms.hhs.gov/center/ombudsman.asp>
1-800-MEDICARE (800) 633-4227*

NOTICE OF PHYSICIAN OWNERSHIP

You have selected Lakes Surgery Center, a federally recognized Medicare Certified Ambulatory Surgery Center for your health care services. As a patient, you have the right to receive a list of all physician owners in this facility, upon request. Your physician may or may not have an ownership interest in the Surgery Center as not all physicians who practice here have an ownership interest. If you feel that the services that have been ordered for you are not proper or are negatively impacted by physician ownership in the facility, please notify a member of administration immediately.

ADVANCE DIRECTIVES

The Lakes Surgery Center will accept a copy of your Advanced Directive/Living Will/Health Care Proxy. The patient or patient's representative has the right to make informed decisions regarding the patient's care. Because the use of anesthetic drugs may produce significant changes in my vital systems. I understand that "Do Not Resuscitate" or similar orders will be discussed with my surgeon and anesthesiologist prior to my operation or procedure to insure that my wishes will be accommodated. If it is necessary to transfer you to a Hospital, the surgery center will provide the transferring facility with a copy of your Advance Directive. Upon request, the facility can provide you with a brochure about an Advance Directive/Living Will/Health Care Proxy.

Please sign below to acknowledge your advance receipt and understanding of this disclosure and that you have had an opportunity to ask and receive answers to any questions you may have about this important health information and disclosure.

Patient Signature

Print Name

Date

Witness