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Policy

All patients undergoing operative and invasive procedures are allowed to participate in care decisions. To allow for optimum participation, all patients will be provided with adequate information related to the proposed procedure, risks, benefits, alternatives and potential complications. After adequate information has been provided, verification of informed consent for the procedure will be obtained from the patient. At no time will patients be coerced to consent to treatment. All patients have the right to be free from unnecessary use of physical or chemical restraint and/or seclusion as a means of coercion, convenience or retaliation. Unless otherwise required for inmate patients escorted by a correctional offer, consistent with CFR 42.482.

Procedure

- All patients admitted to the facility will receive an assessment by a registered nurse.
- The medical record will be assessed for presence of a signed anesthesia and facility consent, which patient acknowledges that informed consent has been given.
 - If the patient has not been given informed consent, the facility consent will remain unsigned until the physician has provided necessary information to the patient. After the physician has obtained informed consent, the nurse will get the facility consent form signed by the patient with acknowledgement that informed consent has been obtained.
- All procedures will be delayed if there is no evidence of informed patient consent for the anesthesia and/or procedure on the chart.

EXCEPTION:

In the event of a life-threatening surgical emergency, a signed consent for operative and/or invasive procedure is not needed. There must be some indication in the medical record that it is the surgeon's clinical determination that the patient's condition represents a life-threatening surgical emergency, and it is in the best interest of the patient to proceed without obtaining informed consent. If there is no time for the surgeon to note this in the medical record, the surgical team must obtain verbal information from the surgeon related to his/her determination. The verbal information should be objectively documented in the medical record as soon as practicable, postoperatively.

Pacific Surgery Center has established this Patient's Bill of Rights as a policy with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his physician, and the group organization. It is recognized that

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a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationship takes on a new dimension when care is rendered within an organized structure. Legal precedent has established that the facility itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

No catalog of rights can guarantee the patient the kind of treatment he has a right to expect. This facility has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients. All these activities must be conducted with an overriding concern for the patient, and above all, the recognition of his dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.

Pacific Surgery Center will not participate in any patient research or clinical trials.

As a patient, you have the right to:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity and free from any act of discrimination or reprisal.
- Protection from abuse or neglect and be free from all forms of abuse or harassment.
- Access to protective services.
- Personal and informational privacy and security for self, property, and health information.
- Receive care in a safe setting.
- Prompt complaint resolution within 14 days or less.
- Spiritual care.
- Documentation and explanation of any restriction of communication to you or your family/surrogate.
- Make decisions about medical care, including the right to accept or refuse medical or surgical treatment after being adequately informed of the benefits, risks and alternatives, without coercion, discrimination or retaliation.

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- Have family input in care decisions, in compliance with existing legal directives of the patient or existing court-issued legal orders.
- Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise Patient Rights when you are unable to do so, without coercion, discrimination or retaliation.
- Confidentiality of records and disclosures and the right to access information contained in your clinical record. Except when required by law, you have the right to approve or refuse the release of records.
- Information concerning your diagnosis, treatment, and prognosis, to the degree known; and to be informed of any unanticipated outcomes.
- Participate in decisions involving your healthcare and be fully informed of and to consent or refuse to participate in any experimental or research project without compromising your access to services.
- Complain about your care and treatment without fear of retribution or denial of care.
- Be involved in resolving problems with care decisions.
- Competent, caring healthcare providers who act as your advocates and treat your pain as effectively as possible.
- Know the identity and professional status of individuals providing service and be provided with adequate education regarding self-care at home, written in a language you can understand.
- Be free from unnecessary use of physical or chemical restraint and or seclusion as a means of coercion, convenience or retaliation.
- Know the reason(s) for your transfer either inside or outside the facility.
- Impartial access to treatment regardless of race, age, sex, ethnicity, religion, sexual orientation, or disability.

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- Have interpretation services made available to you if needed.
- Receive an itemized bill for all services within a reasonable period of time and be informed of the source of reimbursement and any limitations or constraints placed upon your care.
- File a grievance with the facility by contacting the Administrator, via telephone or in writing, when you feel your rights have been violated.

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- Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.
- Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.
- File a complaint of suspected violations of health department regulations and/or patient rights. Complaints may be filed at:

Washington State Department of Health HSQA Complaint Intake P.O. Box 47857 Olympia, WA 98504-7857 Phone: 360-236-4700 Toll Free: 800-633-6828 Fax: 360-236-2626 Email: HSQAComplaintIntake@doh.wa.gov

Center for Medicare and Medicaid Services (CMS) Office of the Medicare Beneficiary Ombudsman <u>https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home</u>

Medicare Help and Support: 1-800-MEDICARE

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• Be provided with a written statement of your patient rights.

As a patient, you are responsible for:

- Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate physician(s).
- Following the treatment plan recommended by the primary physician involved in your case.
- Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
- Indicating whether you clearly understand a contemplated course of action and what is expected of you and asking questions when you need further information.
- Your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions relating to your care.
- Ensuring that the financial obligations of your healthcare are fulfilled as expediently as possible.
- Providing information about and/or copies of any living will, power of attorney, or other directive that you desire us to know about.

If you have any questions regarding your rights or responsibilities, please discuss your concerns with us.

Advance health care directives, also known as advance directives or living will, are instructions given by individuals specifying what actions should be taken for their health in the event that they are no longer able to make decisions due to illness or incapacity. If you already have an advance directive, please bring it with you to the surgery center. In the event of an emergency, your advance directive will go with you and your chart to the hospital, should you be admitted. We have Advance Directive forms and information available at the surgery center if you would like to have it. A health care directive, commonly referred to as a 'living will', is a legal document specifying your wishes regarding the care you receive at the end of life, should you become unable to communicate with them. In Washington State, the directive is used only if

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you have a terminal condition where life-sustaining treatment would only artificially prolong the process of dying; or if you are in an irreversible coma and there is no reasonable hope of recovery. Health care directives may also be called a directive to a physician, declaration or medical directive.

They can also be accessed via the following website: <u>https://wsma.org/advance-directives</u>

Pacific Surgery Center is jointly owned by the following physicians:

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Reference:

AAAHC, Chapter 1 DOH Patient Rights Guidelines (December 2014)-Comparison of CMS and DOH Requirements