



PATIENT RIGHTS AND RESPONSIBILITIES

This facility and medical staff of High Plains Surgery Center have adopted the following list of patient rights and responsibilities. This list shall include, but is not limited to:

PATIENT RIGHTS

The patient has the right:

- To impartial treatment without regard to race, color, sex, national origin, religion, handicap or disability.
- To exercise his or her rights without being subjected to discrimination or reprisal.
- To be free from all forms of abuse or harassment.
- To receive considerate and respectful care at all times and under all circumstances.
- To know of the name and professional status of those caring for him or her.
- To receive information from the physician about his or her diagnosis, treatment plan and prognosis to the best of the physician's knowledge.
- To participate actively in decisions regarding your medical care. To the extent permitted by law, this includes the right to refuse treatment.
- Of full consideration of privacy concerning your medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely.
- To be informed that advanced directives cannot be honored in this facility and to be advised that should an unexpected, life threatening event occur, the patient will be transferred to a facility that will honor there directive.
- To confidential treatment of all communications and records pertaining to care. Written permission shall be obtained before medical records can be made available to anyone not directly involved with your care.
- To receive responsible responses to any reasonable requests for service.
- To leave the facility even against medical advice.
- To expect reasonable continuity of care.
- To be advised if the physician proposes to engage or perform experimentation affecting your care or treatment and the right to refuse to participate in the activity.
- To be informed of the continuing health care requirements following discharge from the center.
- To examine and receive an explanation of a bill for service, regardless of source of payment.
- To report any comments concerning the quality of care provided to you and expect follow-up on your comments.

PATIENT RESPONSIBILITIES

The Patient is responsible:

- For providing accurate and complete information concerning his present complaints, past medical history and other matters relating to their health.
- For notification of the existence of an advanced directive (as a living will) as those cannot be honored in this facility.
- For making it known whether they clearly comprehend the course of their treatment and what is expected of them.
- For following the treatment plan established by the physician, including the instructions of nurses and other health care professionals as they carry out the physician's orders.
- For keeping their appointment and notifying the facility if they are unable to do so.
- For providing a responsible adult to drive them home and stay with them for 24 hours after surgery.
- For providing complete and accurate insurance information (if applicable) and assuring that the financial obligations of their care are fulfilled as promptly as possible.
- For being considerate of the rights of other patients and facility personnel.

FEED BACK:

Our goal is to provide the best surgical experience possible while in our center. Patients, clients, families or visitors have the right to express complaints or concerns about any aspect of their care or experience with High Plains Surgery Center. Please be assured that expressing a complaint or concern will not compromise your care.

Concerns may be directed to any HPSC staff member the Director of Nurses or the Director of Business Services.

You may also mail you comments to:

High Plains Surgery Center
Administrator
3610 22nd Street
Lubbock, TX 79410

If this venue does not provide you with an acceptable resolution, any complaints may be submitted to:

Health Facility Compliance Division/MC 1979
Texas Department of Health
1100 West 4th Street
Austin, TX 78756

Fax: (512) 834 6653
Telephone : (888) 973-0022

For more information, please visit the Office of the Medicare Beneficiary Ombudsman via the internet at www.cms.hhs.gov/center/ombudsman.asp or by calling 1 (800) MEDICARE.