



# Statement of Patient Rights & Responsibilities

## Patient Rights

As a patient at Brighton Surgery Center, LLC ("BSC"), you have the right, consistent with law, to:

### Information

- Understand and use these rights. If for any reason you do not understand these rights or you need help, BSC will provide assistance, including an interpreter.
- Be informed of the services available at BSC.
- Be informed of the provisions for off-hour emergency coverage.
- Be informed of the name and position of the doctor who will be in charge of your care at BSC.
- Know the names, positions and functions of any BSC staff involved in your care and refuse their treatment, examination or observation.
- Receive complete and current information, to the degree known, concerning your diagnosis, evaluation, treatment and prognosis in terms you can be reasonably expected to understand. When it is medically inadvisable to give such information to you, the information will be provided to a person designated by you or to a legally authorized person.
- Receive all the information that is necessary to give informed consent for any proposed procedure or treatment. This information shall include, at a minimum, information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and any alternatives for care or treatment.
- Receive verbal and written discharge instructions, including contact information which you may use if you have any complications or questions after discharge.
- Receive information regarding BSC's process for provider credentialing.

### Treatment

- Participate in decisions regarding your care, unless such participation is contraindicated for medical reasons.
- Receive treatment without regard to your race, age, marital status, color, religion, sex, national origin or sponsor, disability, sexual orientation, or source of payment.
- Receive care in a clean and safe environment free of unnecessary restraints.
- Be treated with consideration, respect and dignity, including privacy in treatment.
- Receive emergency care if you need it.
- Change your physician if another qualified physician is available.
- A no-smoking room.
- Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of your action.
- Refuse to participate in experimental research. In deciding whether or not to participate, you have the right to a full explanation of the proposed research.
- Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

### Medical Records

- Privacy and confidentiality of all information and records regarding your care.
- Approve or refuse the release or disclosure of the contents of your medical record to any health care practitioner and/or health care facility except as required by law or third-party payment contract.
- Review your medical record without charge subject to the provisions of Section 18 of the New York Public Health Law. A reasonable fee will be charged for copies of your medical record. You cannot be denied a copy solely because you cannot afford to pay.
- If you are denied access to your medical records, you shall be informed, in writing, of the reasons for denial and your right to obtain a review of the denial by the New York State Department of Health.

### Billing

- Receive an itemized bill and explanation of all charges upon request.
- Be informed of the charges for services, payment policies, eligibility for third-party reimbursements and, when applicable, the availability of reduced cost care.

## Advance Directives

- Receive the following material regarding advance directives:
  - The Department of Health's publication entitled "Planning in Advance for Your Medical Treatment," which summarizes the rights, duties and requirements related to Orders Not to Resuscitate and Health Care Agents and Proxies;
  - The Department of Health's publication entitled "Appointing Your Health Care Agent—New York State's Proxy Law," containing a sample health care proxy form; and
  - A summary of BSC's policy regarding the implementation of these rights.
- Formulate an advance directive.

## Make Complaints

- Voice grievances and recommend changes in policies and services to BSC's staff, the operator and the New York State Department of Health without fear of reprisal.
- Express complaints about the care and services you are provided and to have BSC investigate such complaints. Upon your request, BSC will provide you or your designee with a written response within thirty (30) days indicating the findings of the investigation. Such complaints should be made to the nurse or doctor caring for you and, if you remain dissatisfied, to the Administrator or Nursing Manager. If you are not satisfied with BSC's response, you may complain to either the New York State Department of Health at:

### **NYSDOH**

attn: Commissioner Richard F. Daines, MD  
Centralized Hospital Intake Program  
433 River Street, Suite 303  
Troy, NY 12180-2299  
1-800-804-5477

### **or The Office of the Medicare Ombudsman**

@ [www.medicare.gov/navigation/help-and-support/ombudsman.aspx](http://www.medicare.gov/navigation/help-and-support/ombudsman.aspx)

If you have any questions about your rights, please speak with a staff member, especially the doctor or nurse caring for you.

## Patient Responsibilities

At BSC, we believe patients and families are partners in ensuring that the best possible care is provided in a healthy and safe environment. We count on you to participate in your care in the following ways:

- Provide, to the best of your knowledge, accurate and complete information about your present symptoms, past illnesses, hospitalizations, medications and other matters relating to your health.
- Provide upon admission a copy of any advance directives that you may have including any power of attorney or health care proxy.
- Report any changes in your condition to your nurse or doctor.
- Inform your nurse or doctor if you do not clearly understand the proposed plan of care and what is expected of you.
- Follow the treatment plan that you and your doctor have developed. This may include following the instructions of nurses and other health care staff who are involved in your care.
- Keep appointments. When you are unable to keep an appointment for any reason, notify BSC in advance.
- Provide accurate insurance information and promptly pay all balances not covered by your insurance or other third party payers.
- Treat other patients and BSC staff with consideration and respect.
- Be considerate of the rights of other patients and the BSC staff by assisting with the control of noise and limiting the number of visitors to the facility.
- Be respectful of other patients' rights to privacy.
- Be respectful of the property of other persons and of BSC.

For your information the following items and behaviors are prohibited at BSC:

- Alcoholic Beverages
- Disruptive or Violent Behavior
- Smoking
- Illegal Drugs
- Weapons

If patients are unable to maintain safe and respectful behavior, their activities may be restricted. In extreme situations, BSC may terminate their treatment and offer an alternative plan for care.

### **Brighton Surgery Center, LLC**

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