PATIENT BILL OF RIGHTS

Delaware Surgery Center, LLC has established this Patient’s Bill of Rights with the goal to provide quality patient care. In order to fulfill that goal, we wish to advise you of those rights, what to expect and what is expected of you as a patient:

This Notice of Patients Rights is in accordance to State and Federal ASC regulation and AAAHC Accreditation Association.

As a Patient, You Have the Right to:

1. Receive medical and nursing services without discrimination based upon age, race, color, religion, sex, national origin, handicap, disability, source of payment or any other categories protected by state and federal laws.

2. Respectful care at all times and under all circumstances with recognition of your personal dignity given by competent personnel.

3. Be given the name of your attending practitioner, the names of all other practitioners directly participating in your care, and the names and functions of other health care persons having direct contact with you, upon request.

4. Consideration of privacy. Plan of care discussion, consultation, examination and treatment are considered confidential and shall be conducted discretely.

5. Confidentiality of records and disclosures. Except when required by law or third-party contractual arrangements, you have the right to approve or refuse the release of records.

6. Information concerning facility rules and regulations related to your conduct and responsibilities as a patient.

7. Full information in layman’s terms, concerning your diagnosis, treatment, and prognosis, including information about alternative treatments and possible complications. In the event that direct communication of this information to you is inadvisable, information will be given to your responsible person.

8. The opportunity to participate in decisions involving your healthcare, and provide informed consent prior to the procedure, except in the event of an emergency.

9. Make decisions about medical care, including the right to accept or refuse medical or surgical treatment

10. Competent, caring health care providers who act as your advocates.

11. Emergency procedures to be implemented without unnecessary delay.

12. Expect that if an emergency occurs and you are transferred to another facility, your responsible person shall be notified. The institution that you will be transferred to will receive your history and an explanation concerning the reason for the transfer in advance.

13. To convey your advanced directive wishes. Please understand that Delaware Surgery Center is an outpatient facility performing elective procedures. Therefore, advanced directives will not be honored at the center and all resuscitative measures will be implemented. However, a copy of your advanced directives shall be placed in your medical record; and upon transfer to another facility, it will be forwarded with you.

PATIENT BILL OF RIGHTS - CONTINUED
14. Adequate information and education regarding postoperative care following discharge.

15. Upon request, you and/or your legal representative shall have access to the information contained in your medical records, unless access is specifically restricted by the attending practitioner for medical reasons.

16. Examine and receive a detailed explanation of your bill for all services.

17. Voice grievances, report any comments, concerns or recommendation with regards to the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments without fear of retaliation.

As a Patient, You Are Responsible for:

1. Patient/parent/legal representative, as appropriate, must provide, to the best of their knowledge, accurate and complete information about their present health status and past medical history. Patient and their families must report any unexpected changes in their health condition to the appropriate physician(s).

2. Patient/parent/legal representative, as appropriate, must ask questions when they do not understand their care, treatment, and services being provided them or what is expected of them as a patient.

3. Following the treatment plan recommended by the primary physician involved in your case.

4. Being respectful, courteous and non-threatening to the clinical and medical staff. If this is breached, we the “Center” have the right to discontinue treatment at anytime.

5. 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.

6. 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.

7. Ensuring that the financial obligations of your healthcare are fulfilled as timely as possible.

8. Providing information about and/or copies of any living will, power of attorney, or other directive that you desire us to know about.

If at any time you wish to file a patient grievance/complaint with regards to the quality of care or service rendered by this facility, please contact the Center’s Director: Jennifer Anderson, Delaware Surgery Center, LLC, 200 Banning Street, Suite 110, Dover, DE 19904; (302) 736-3710.

If the grievance process does not provide you with an acceptable resolution, a formal complaint may be submitted to: Delaware Office of Health Facilities Licensing and Certification, 258 Chapman Road, Chopin Building, Suite 101, Newark, DE 19702, (800) 942-7373 or Medicare Ombudsman contact: 1-800-MEDICARE or www.medicare.gov/ombudsman/resources.asp

We reserve the right to change this Notice, and to make the revised Notice effective immediately. If there are any changes to the Center’s Patient Right and Responsibility policies which affect patients, this Notice will be revised and the revised Notice will be distributed to patients when they arrive for their next appointment.

ADVANCED DIRECTIVE POLICY
The Delaware Surgery Center, LLC is an outpatient surgery center where only elective procedures are performed. Therefore, we do not honor advanced directives, and all patients are presumed as having consented to full resuscitated measures when signing the consent for surgery.

The following Advanced Directive Notification Policy has been instituted by Delaware Surgery Center, in accordance with state laws and Federal ASC Regulation (42 C.F.R. 416.509(a) (2)):

- Patients are not required to have an Advanced Directive; however, an inquiry will be made to patients during the preoperative anesthesia interview as to whether they have an advanced directive.
- If the patient has an advanced directive, a request for a copy will be made and placed on the medical record the day of surgery.
- In the event of a life threatening situation, emergency measures/resuscitation will be initiated, the patient will be treated, stabilized, and transferred to a higher level of care, as necessary.
- In the event of a hospital transfer, a copy of the patient’s chart and advanced directive will be sent with the patient.

The official State of Delaware Advanced Directive form is available upon request, or can be downloaded at: www.dhss.delaware.gov/dsaapd/advance1.html

**PHYSICIAN OWNERSHIP DISCLOSURE**

In accordance with Federal ASC Regulation (42 C.F.R. 416.50(a) (ii)), Delaware Surgery Center is required to disclose in advance of the date of your procedure that the physician performing your surgery may have a financial interest in Delaware Surgery Center. As always, you have the option to be treated at a healthcare facility of your choice. Our goal at Delaware Surgery Center is to provide patients with high quality patient care.

Delaware Surgery Center, LLC
200 Banning Street, Suite 110