

Patient Rights & Responsibilities

Lakeview Medical Center - Ambulatory Surgery Center

Patient Rights

Decision Making

You or your representative have the right to:

- ◇ Be informed of your rights before patient care is given or discontinued whenever possible.
- ◇ Receive complete and current information regarding your health status in terms you can understand, allowing you to make informed decisions.
- ◇ Participate in care planning treatment and discharge recommendations. A surrogate of your choice may represent you if you cannot make your own decisions according to state law.
- ◇ Receive an explanation of any proposed procedure or treatment, including risks, serious side effects and treatment alternatives, including request for a second opinion or specific treatment.
- ◇ Participate in managing your pain effectively.
- ◇ Refuse or discontinue a treatment to the extent permitted by law and to be informed of the consequences of such refusal.
- ◇ Have persons of your choice and your physicians promptly notified of admission.
- ◇ To be provided with information concerning policies around Advanced directives, including a description of applicable State health and safety laws and, if request official State advanced directive forms, to formulate and inform the staff at the center of the advanced directives
- ◇ Accept, refuse, or withdraw from clinical research.
- ◇ Choose or change your healthcare provider.
- ◇ Receive care and/or a referral according to the urgency of your situation. When medically stable, you may be transferred to another facility if recommended by your physician.

Quality of Care

You have the right to:

- ◇ Respectful treatment, which recognizes and maintains your dignity and personal values without discrimination.
- ◇ Care in a safe setting and accurate information about the facility and the credentials of the health care personnel involved in your care.
- ◇ Know who is primarily responsible for your care and pastoral and/or spiritual support.
- ◇ Interpreters and/or special equipment to assist language needs.
- ◇ Information about continuing healthcare requirements following discharge, including how to access care after hours.

Confidentiality and Privacy

You have the right to:

- ◇ Personal Privacy and care in a safe setting free from abuse, harassment, discrimination or reprisal.
- ◇ Personal information being shared only with those who are involved in your care.
- ◇ Confidentiality of your medical and billing records.
- ◇ Notification of breach of unsecured personal health information.

Grievance Process

You or your representative have the right to:

- ◇ Fair, fast, and objective review of any complaint you have against your health plan, physician, or healthcare personnel without fear of reprisal.
- ◇ Submit a formal complaint either verbally or in writing as shown below.
 - **ASC, Surgery Center Manager 757-934-9505, Director, Quality Outcomes 757-686-3500,**
 - **2000 Meade Parkway, Suffolk, VA 23434**
 - *your physician,*

- Office of Licensure and Certification 9960 Mayland Drive , Suite 401, Henrico, Virginia 23233-1485 Phone :1-804- 367-2104 or 1-800-955-1819
- CMS Ombudsman <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>
- CMS 1-800-MEDICARE
- Accreditation Association of Ambulatory Health Care www.aaahc.org

Access to Medical Records

You have the right to:

- ◇ Speak privately with healthcare providers knowing your healthcare information is secure.
- ◇ Review and receive a copy of your Medical Records (including electronic) upon written request.

Seclusion and Restraints

You have the right to:

- ◇ Be free from seclusion or restraint for behavior management unless medically necessary to protect your physical safety or the safety of others.

Billing

You have the right to:

- ◇ Information specific to fees for services and payment policies prior to dates of service.
- ◇ Payment privacy when you choose to opt out of insurance coverage, in accordance with federal regulations.

Patient Responsibilities

Providing Information

You have the responsibility to:

- ◇ Provide accurate and complete information about present complaints, past illnesses, hospitalizations, current use of prescribed or OTC medications, and nutritional supplemental products and other health-related matters.
- ◇ Report perceived risks in your care and unexpected changes in your condition.
- ◇ Provide an Advanced Directive if you have one.
- ◇ Provide accurate and updated demographic and contact information for insurance and billing.

Involvement

You have the responsibility to:

- ◇ Participate in your care and follow the recommended treatment plan.
- ◇ Ensure you have a designated responsible adult to provide transportation and assist with your care for 24 hours.

Respect and Consideration

You have the responsibility to:

- ◇ Act in a respectful and considerate manner toward healthcare personnel, other patients, and visitors; physical or verbal threats or conduct which is disruptive to business operations will not be tolerated.
- ◇ Be respectful of the possessions or property of others.
- ◇ Be mindful of noise levels

Insurance Billing

You have the responsibility to:

- ◇ Know the extent of your insurance coverage.
- ◇ Know your insurance requirements such as pre-authorization, deductibles, and co-payments.
- ◇ Call the billing office with questions or concerns regarding your bill.
- ◇ Fulfill your financial obligations as promptly as possible.

Information on Advances Directives

*An advanced directive is a witnessed written document, voluntarily executed by the declarant or a witnessed oral statement, made by the declarant subsequent to the time he is diagnosed as suffering from a terminal condition in accordance with §54.1-2983. A “Do Not Resuscitate” (DNR) order is not an advanced directive. Code of Virginia §54.1-2982 states “Durable Do Not Resuscitate Order” means a written physician’s order issued to withhold cardiopulmonary resuscitation from a particular patient in the event of cardiac or respiratory arrest. **Please note that all DNR orders are suspended while under the medical care at Lakeview Medical Center Ambulatory Surgery Center.***

*A copy of the Virginia Advance Medical Directive for Health Care Decisions workbook is available to you at the Lakeview Medical Center Ambulatory Surgery Center 2000 Meade Parkway, Suffolk, VA 23434
(757) 934-9505*

Provided Services Include Surgical Procedures in the following Areas

- ◇ Gastroenterology
- ◇ Colorectal
- ◇ General Surgery
- ◇ Otolaryngology
- ◇ Obstetrics & Gynecology
- ◇ Podiatry