

## PATIENT RIGHTS AND RESPONSIBILITIES

This surgical facility ("Facility") and its medical staff have adopted policies and procedures regarding your care. It is the Facility's policy to provide you with written notice of your rights and responsibilities as a patient, as required by state and federal laws. Your Patient rights and responsibilities include:

### PATIENT RIGHTS

- To be treated with dignity and respect, and impartially and without discrimination as to race, color, sex, national origin, religion, handicap or disability, and free from abuse & neglect.
- To be given access to protective services.
- To be given considerate and respectful care at all times and under all circumstances in a safe & secure environment, free from reprisal and harassment, and with personal privacy.
- To have knowledge of the name and professional status of those caring for you.
- To receive information from your physician(s) about your diagnosis, treatment plan and prognosis (expected outcome) to the best of the physician's knowledge, prior to the treatment or procedure, and when the need arises reasonable attempts are made by health care professionals and other staff to communicate in the language or manner primarily used by patients.
- To participate actively in decisions regarding your medical care, including family input into care decisions as directed by law, and to make informed decisions regarding your care. This includes the right to refuse treatment. When medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- To ensure confidentiality, privacy, security, complaint resolution, spiritual care and communication. Any communication restrictions will be documented and explained to the patient and the family.
- To be asked if you have an Advance Directive and, if so, asked to bring it to the Facility on day of surgery – the Advance Directive will be returned upon discharge.
- To be informed that the Facility will provide you with additional information on obtaining an Advance Directive upon your request.
- To be informed that Advance Directives will be acknowledged by the Facility and to be advised that should an unexpected life threatening event occurs the patient will be resuscitated and will be transferred to a facility that will honor this directive.
- To be informed of unanticipated outcomes.
- To receive an explanation and rationale if communication restrictions become necessary.
- To receive reasonable and relevant responses to any reasonable request for service.
- To have confidential treatment of all communications and records pertaining to care in accordance with all state and federal medical record and patient confidentiality and privacy laws.

## **PATIENT RIGHTS (cont.)**

- To leave the Facility, even if against medical advice.
- To expect reasonable continuity of care.
- To be informed of continuing health care requirements following discharge from the center.
- To examine and receive an explanation of a bill for Facility services, regardless of source of payment.
- To report any complaints or grievances concerning the quality of care provided to you without fear of retribution or denial of care; to have any complaint or grievance reviewed under the Facility grievance policies; and to expect follow-up, decision and documentation on any grievance within 14 days.
- To be informed in writing if your physician or surgeon is employed by and/or is an owner of, the Polyclinic and therefore has a financial interest in the Polyclinic and in this Facility, and that you may request to have your care at another facility.

## **PATIENT RESPONSIBILITIES**

- To provide accurate and complete information concerning your present complaints, past medical history, current medication, over the counter medication, dietary supplements, allergies and sensitivities, and other matters relating to your health.
- To notify us of the existence of an Advance Directive (e.g. a living will)
- To bring any Advance Directive with you on day of surgery.
- To inform your primary care physician or the Facility staff if information regarding an Advance Directive is desired.
- To make it known to your physician or the Facility staff whether you clearly comprehend the course of treatment and what is expected of you.
- To follow the treatment plan established by your physician, including the instructions of nurses and other health care professional as they carry out the physician's orders.
- To keep your appointment(s) or to notify the Facility in advance if you are unable to do so.
- To provide a responsible adult to drive them home and stay with them 24 hours after surgery.
- To assure that the financial obligations regarding your care are fulfilled as promptly as possible, and to cooperate with the Facility regarding billing, payment and insurance reimbursement.
- To be considerate of the rights of other patients and Facility personnel.

## COMPLAINTS and GRIEVANCES

Our goal is to provide the best surgical experience possible while in our Facility. Patients, clients, families or visitors have the right to express complaints or grievances about any aspects of their care or experience with our ASF. Please be assured that expressing a complaint or concern will not compromise your care.

Patients are encouraged to voice complaints and resolve disputes at the time of service through direct and informal interactions with providers/staff. If you are not satisfied with your initial response you may contact our **Practice Manager at 206-860-5582**. The Plastic Surgery Practice Manager will research and respond to all complaints in a systematic, timely and confidential manner. If you are still unsatisfied with the response to your complaint you may contact the WA State Department of Health or Office of the Medicare Beneficiary Ombudsman, whose contact information is below.

You have the right to contact the Washington State Department of Health or the Center for Medicare & Medicaid Services at any time with any concern or complaint.

\*Contact information for the WA State Department of Health and Office of the Medicare Beneficiary Ombudsman\*

Washington State Department of Health

Health Systems Quality Assurance

Complaint Intake

PO Box 47857

Olympia, WA 98504-7857

Phone: 360-236-4700

Toll Free: 800-633-6828

Email: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

Office of the Medicare Beneficiary Ombudsman

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Toll Free: 800-MEDICARE

## NOTICE OF ADVANCE DIRECTIVES POLICY

An advance directive is a document that pertains to treatment preferences and the designation of a surrogate decision-maker in the event that a person should become unable to make medical decisions on their own behalf. Advance directives are generally in the form of a living will, life-prolonging procedures declaration, designation of a health care representative or proxy, and durable power-of-attorney. Advance directives can be revoked or amended at any time.

*The Polyclinic Plastic Surgery Center does **not** honor Advance Directives. Compliance with the 1990 Patient Self-Determination Act is intended for inpatient hospital admissions, not for outpatient surgery centers. **Health care providers at The Polyclinic Plastic Surgery Center are bound to do all in their power to assure the safe recovery of every patient, including resuscitation if that becomes necessary.** All adult patients are asked if they have an advance directive, which is placed in their medical record. Adult patients are also informed that an advance directive **will not be** honored while a patient at *The Polyclinic Plastic Surgery Center*.*

Since *The Polyclinic Plastic Surgery Center* does not honor Advance Directives, you may choose to have your procedure or surgery performed at another facility that does honor Advance Directives. Please notify your Physician, scheduling coordinator, and/or the center's health care staff and we will make every effort to accommodate your request.

For more information on Washington State law regarding Advance Directives please visit the following Web sites:

<http://www.doh.wa.gov/livingwill/healthcaredirective.htm>

Or

[http://www.wsma.org/patient\\_resources/advance-directives-qa.cfm](http://www.wsma.org/patient_resources/advance-directives-qa.cfm)

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Contact information for the WA State Department of Health and Office of the Medicare Beneficiary Ombudsman:

Washington State Department of Health - Health Systems Quality Assurance Complaint Intake

PO Box 47857  
Olympia, WA  
98504-7857

Phone: 360-236-4700 - Toll Free: 800-633-6828 - Email: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

Office of the Medicare Beneficiary Ombudsman

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>