

Patient Bill of Rights and Patient Responsibilities

MIDAMERICA SURGERY CENTER views healthcare as a partnership between you and your healthcare providers. We respect your rights, values, and dignity. We also ask that you recognize the responsibilities that come with being a patient. This is for your own well-being as well as for the well-being of your fellow patients and providers. Please read and execute these rights and responsibilities.

Patient Rights

- You have the right to safe, high quality medical care, without discrimination, that is compassionate and respects personal dignity, privacy, values, and beliefs.
- You have the right to participate and make decisions about your care and pain management, including refusing care to the extent permitted by law. Your provider (doctor, nurse, anesthesia provider, etc.) will explain the medical consequences of refusing recommended treatment.
- You have the right to have your illness, treatment, pain, alternatives, and outcomes be explained in a manner you can understand. You have the right to interpretation services if needed.
- You have the right to know the name, credentials, and role of your providers (doctor, nurse, anesthesia provider, etc.). At your request, you have the right to a second opinion.
- You have the right to request that a family member, friend, and/or physician be notified that you are under the care of this facility.
- You have the right to be informed about transfers to another facility or organization and be provided complete explanation including alternatives to a transfer.
- You will receive information about continuing your health care before discharge from MIDAMERICA SURGERY CENTER.
- You have the right to know the policies that affect your care and treatment.
- You have the right to participate in or decline to participate in research or clinical trials. You may decline at any time without compromising access to care, treatment, and services.
- You have the right to private and confidential treatments, communications, and medical records to the extent permitted by law.
- You have the right to receive information concerning advanced directives (living will, healthcare power of attorney, or mental health advance directives), and to have your advance directive respected to the extent permitted by law.
- You have the right to access your medical records in a reasonable timeframe to the extent permitted by law.
- You have the right to be informed of charges and receive counseling on the availability of known financial resources for healthcare.
- You have the right to be free from restraints that are not medically required or that are being used inappropriately.
- You have the right to access advocacy or protective service agencies and a right to be free from abuse.
- You have the right to change healthcare providers if other qualified providers are available.

- You and your family have the right to have your concerns and complaints addressed. Sharing your concerns and complaints will not compromise your access to healthcare, treatment, and services. Should you or your designated guardian, advocate, or representative feel at any time that your rights as a MIDAMERICA SURGERY CENTER patient have been violated, please contact the following:
 - MIDAMERICA SURGERY CENTER's director at (636) 534-5101
 - You can make an appointment to meet with a Health Insurance Counseling & Assistance Program (HICAP) Counselor in your area. Call 1-800-434-0222 or visit <https://senioradvocacyservices.org> or <http://aaans.org/services>
 - Office of the Medicare Beneficiary Ombudsman at: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Patient Responsibilities

- The patient must provide accurate and complete information concerning his/her present complaints, past medical history, and other matters about his/her health.
- The patient must inform MIDAMERICA SURGERY CENTER of any living will, medical power of attorney, or any other directive that could affect care.
- The patient is responsible for making it known whether he/she clearly comprehends the course of medical treatment and what is expected of him/her.
- The patient is responsible for following the plan established by the physician, including instructions given by nurses and other health care professionals as they carry out the physician's orders.
- The patient is responsible for keeping his/her assigned surgical appointment and arriving at the assigned time as well as notifying MIDAMERICA SURGERY CENTER if he/she is unable to maintain the scheduled surgical appointment.
- The patient is responsible for providing a responsible adult to transport him/her from MIDAMERICA SURGERY CENTER and to remain with him/her for twenty-four (24) hours, if required by your provider.
- The patient is responsible for his/her actions should he/she refuse treatment or not follow physician's orders.
- The patient is responsible for assuring that the financial obligations or his/her care are discussed.
- The patient is responsible for following MIDAMERICA SURGERY CENTER policies and procedures.
- The patient is responsible for being considerate of the rights of other patients and facility personnel.
- The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.

Advance Directives:

- Regardless of any advanced directive formulated by a patient, it is the policy of the Surgery Center to resuscitate the patient regardless of advance directives. Patients would then be transferred to the hospital. Any patient who presents an advance directive or who indicates a desire to prepare an advance directive will be informed of this policy and as appropriate, referred to their physician. If a patient has an advance directive and still desires to have the surgery performed at the Surgery Center, the medical record will note that the patient has been informed of the Surgery Center’s policy regarding resuscitation prior to the initiation of surgery.

Statement of Ownership

- **The Mid America Surgery Center, LLC is owned by Dr. Jay S. Pepose, Dr. Mason F. Bias, Dr. Gregory A, Hill and Dr. Geoffrey M. Hill.**

I acknowledge that I have received a copy of the Patient Rights & Responsibility, Advanced Directive & Statement of ownership that was provided to me by MidAmerica Surgery Center, LLC prior to my surgery.

Patient/ Representative Signature

Date

Witness Signature

Date