

# **GRAMERCY SURGERY CENTER**

## **PATIENT RIGHTS AND RESPONSIBILITIES**

### **YOU HAVE THE RIGHT TO:**

1. Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
2. Personal and informational privacy, within the law.
3. Information concerning your diagnosis, treatment and prognosis, to the degree known. (When concern for your health makes it inadvisable to give such information to you, such information is made available to an individual designated by you or to a legally authorized individual.)
4. Confidentiality of records and disclosures. Except when required by law, you have the right to approve or refuse the release of your medical records.
5. Receive from your physician information necessary to give informed consent.
6. The opportunity to participate in decisions involving your health care, unless contraindicated by concerns of your health.
7. If patient is determined to be incompetent under state laws, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
8. If a state has not determined a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patients' rights to the extent allowed by state law.
9. Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability or source of payment for care.
10. Receive an itemized bill for all services, with explanation, if requested.
11. Know the identity and professional status of individuals providing service.
12. Refuse treatment and be informed of consequences of refusing treatment.
13. Report any comments concerning the quality of services provided to you during the time spent at the facility and to receive fair follow-up on your comments.
14. Exercise his or her rights without being subjected to discrimination or reprisal.
15. Be free from all forms of abuse or harassment
16. Receive care in a safe setting

For any complaints or grievances, you may contact Jeffrey Flynn, Administrator at 212-254-3570, the NYS Department of Health at 800-804-5447, or the Medicare Ombudsman at 800-Medicare. Facility personnel shall observe these patient rights.

## **PATIENT RESPONSIBILITIES**

### **YOU ARE RESPONSIBLE FOR:**

1. Providing accurate and complete information about your health status and past medical history and for reporting any unexpected changes to the appropriate practitioners.
2. Following the treatment plan recommended by the primary practitioner.
3. Following your pre-operative instructions as supplied by the Surgery Center.
4. Keeping appointments and notifying the Surgery Center or your physician if you are unable to keep your appointment.
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. Indicating whether you clearly understand a contemplated course of action and what is expected of you.
7. Your actions if you refuse treatment, leave the Surgery Center against medical advice of your physician, and/or do not follow the physician's instructions relating to care.
8. Assuring that the financial obligations of your health care are fulfilled as promptly as possible.
9. Behavior which shows respect and consideration for other patients, their personal property, family members, visitors and personnel of the Surgery Center.
10. Following the Surgery Center policies and procedures.

## **FOR COMPLAINTS TO MEDICARE, CONTACT THE MEDICARE OMBUDSMAN AT 1-800-MEDICARE OR VISIT**

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/notice.html>