

## **Important Patient Notice**

## **Patient Rights:**

St. George Surgical Center has adopted the following statement of patient rights and responsibilities. This list shall include, but not be limited to, the patient's right to:

- A. Be informed of his or her rights as a patient in advance of receiving care. The patient may appoint a representative to receive this information should he or she so desire.
- B. Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.
- C. Considerate, respectful and dignified care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- D. Access protective and advocacy services or have these services accessed on the patient's behalf.
- E. Appropriate assessment and management of pain.
- F. Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other healthcare providers who will see him/her. The patient has a right to change providers if other qualified providers are available.
- G. Be advised that your physician may have a financial interest in the facility.
- H. Be advised as to the absence of malpractice coverage. Physicians practicing at St. George Surgical Center are required to maintain appropriate malpractice coverage.
- I. Receive complete information from his/her physician about illness, course of treatment, alternative treatments, outcomes of care (including unanticipated outcomes), and prospects for recovery in terms that he/she can understand.
- J. Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.
- K. Participate in the development and implementation of his or her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- L. Be informed of the facility's policy and state regulations regarding advance directives and be provided advance directives forms if requested. It is our policy that if an adverse event occurs during your treatment at this facility we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation
- M. Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- N. Confidential treatment of all communications and records pertaining to his/her care. His/her written permission will be obtained before medical records can be made available to anyone not directly concerned with care.
- O. Receive information in a manner that the patient understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and, as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing, cognitive and language-impaired patient will be appropriate to the impairment.

- P. Access information contained in his or her medical record within a reasonable time frame. Be advised of the facility's grievance process, should he or she wish to communicate a concern regarding the quality of care received. Notification of the grievance process includes: whom to contact to file a grievance, written notice of the grievance determination that contains the name of the facility's contact person, the steps taken on the patient's behalf to investigate grievance, the results and the completion date of the grievance. To file a grievance you may contact Brent Davis, Administrator, St. George Surgical Center, phone: 435-673-8080.
- Q. Be advised of contact information for the state agency to whom complaints can be reported (Utah Health Facility Licensing, P.O. Box 144103 SLC, UT 84114, phone: 1-800-662-4157), as well as contact information for the office of the Medicare Beneficiary Ombudsman (<a href="https://www.cms.hhs.gov/center/ombudsman.asp">www.cms.hhs.gov/center/ombudsman.asp</a>).
- R. Be advised if facility/personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services.
- S. Full support and respect of all patient rights should the patient choose to participate in research, investigation and/or clinical trials. This includes the patient's right to a full informed consent process as it relates to the research, investigation and/or clinical trial. All information provided to subjects will be contained in the medical record or research file, along with the consent forms(s).
- T. Be informed by his/her physician or a delegate of the physician of the continuing healthcare requirements following patient's discharge from the facility.
- U. Examine and receive an explanation of his/her bill regardless of source of payment.
- V. Know which facility rules and policies apply to his/her conduct while a patient.
- W. Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

## **Patient Responsibilities:**

- A. The patient has the responsibility to provide accurate and complete information concerning his/ her present complaints, past illnesses, hospitalizations, medications (including over the counter products and dietary supplements), allergies and sensitivities and other matters relating to his/her health.
- B. The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- C. The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- D. The patient is responsible for keeping appointments and for notifying the facility or physician when he/she is unable to do so.
- E. Provide a responsible adult to accept care and liability for and transport him/her home from the facility.
- F. Provide a responsible adult to remain with him/her for 24 hours; unless exempted (local anesthesia cases only) by the attending physician.
- G. In the case of pediatric patients, a parent or guardian is to remain in the facility for the duration of the patient's stay in the facility.
- H. The patient is responsible for his/her actions should he/she refuse treatment or not follow the physician's orders.
- I. The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
- J. The patient is responsible for following facility policies and procedures.
- K. The patient is responsible to inform the facility about the patient's advanced directives.
- L. The patient is responsible for being considerate of the rights of other patients and facility personnel.
- M. The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.