

## Please sign and bring the day of Surgery PATIENT RIGHTS AND RESPONSIBILITIES

## As a Patient, you have the right to:

- 1. Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity and property.
- 2. Personal and informational privacy, within the law.
- 3. Information concerning your diagnosis, evaluation, treatment, and prognosis, to the degree known.
- 4. Confidentiality of records and disclosures. Except when required by law, you have the right to approve or refuse the release of records.
- 5. The opportunity to participate in decisions involving your health care, unless contraindicated by concerns for your health.
- 6. Make informed decisions about medical care, including the right to accept or refuse medical or surgical treatment. Know that there may be a modification to an existing living will or DNR directive. If you would like information about advance directives, please speak with your primary care physician or <a href="http://www.oag.state.md.us/Healthpol/Advance Directives.htm">http://www.oag.state.md.us/Healthpol/Advance Directives.htm</a>
- 7. Information concerning: patient conduct and responsibilities; services available at the organization, provisions for after-hours and emergency care; fees for services, payment policies, implementation of any advance care directive.
- 8. Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability. (Greenspring Surgery Center adheres to all federal and state rules, regulations and policies to promote a non-discriminatory environment for all of our surgical guests.)
- 9. Receive an explanation of charges for services delivered.
- 10. Know the identity and professional status of individuals providing service to you.
- 11. Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments. Grievances can be reported to Greenspring Surgery Center management and/or Maryland Department of Mental Health and Hygiene, Office of Health Care Quality, 7120 Samuel Morse Drive, 2<sup>nd</sup> Floor, Columbia, Maryland 21046. 1-410-402-8040. www.medicare.gov/ombudsman/resources.asp
- 12. Change primary or specialty physicians if other qualified physicians are available.
- 13. Information concerning your physician's relationship with this facility.
- 14. Exercise these rights without being subject to discrimination or reprisal.
- 15. Receive care in a safe setting and be free from all forms of abuse or harassment.
- 16. Be communicated with in your primary language.

## As a Patient, you are responsible for:

- 1. Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate practitioner(s).
- 2. Following the treatment plan recommended by the primary practitioner involved in your case.
- 3. Providing an adult to transport you home after surgery.
- 4. Indicating whether you clearly understand a contemplated course of action and what is expected of you.
- 5. Your actions if you refuse treatment, leave the facility against the advice of the practitioner, and/or do not follow the practitioner's instructions relating to your case.
- 6. Assuring that the financial obligations of your health care are fulfilled as expediently as possible, including accepting personal financial responsibility for any charges not covered by your insurance.
- 7. Providing information about a durable power of attorney directive that you desire us to know about.

8. Being respectful of all health care providers and staff, as well as other patients.  If you have any questions regarding your rights & responsibilities, please discuss your concerns with us.		
Signature of Patient or Responsible Party	Date	Time