



Your physician has recommended that you have a procedure at Crater Lake Surgery Center.

We are required to provide you the following:

A List of Patient Rights including information on our Privacy Notice, Non-Discrimination and HIPAA Policy.
A list of Patient Responsibilities, our Policies regarding Advance Health Care Directives, Grievance Policy and Disclosure Statement

Your rights are:

1. Per our Privacy Notice: To be treated with respect and dignity with full consideration of privacy concerning your medical care program, case discussion, consultation, and examination. Your treatment is confidential and will be conducted discretely.
2. Receive informed consent for the procedure and administration of any anesthetic.
3. Be given verbal and written notice of your rights and responsibilities in a language and manner you or your representative understands.
4. Exercise your rights without regard to sex, culture, economic, educational or religious background or source of payment for your care.
5. Receive full information in layman's terms concerning appropriate and timely diagnosis, evaluation, treatment, prognosis and preventative measures. Participate actively in decisions regarding your medical care except when contraindicated for medical reasons.
6. Receive as much information about any proposed treatment or procedure as you may need to give informed consent or to refuse this course of treatment. Receive information on the services, fees and payment policies of the center.
7. Per our HIPAA policy: Confidential treatment of all communication and records pertaining to your care and stay in the ASC. Your written permission shall be obtained before your medical records can be made available to anyone not directly concerned with your care.
8. You may leave the ASC even against the advice of your physician. You may switch to other medical providers if appropriate and available.
9. Be given the name of your attending physician, the names of all other physicians directly assisting in your care, the names and functions of other health care persons having direct contact with you.
10. Per Non-Discrimination: Be free of any act of discrimination or reprisal and to be free from all forms of abuse or harassment.
11. For complaints about your medical care, you may call or contact The Jackson County Health and Human Services 140 S. Holly Street Medford, OR, 97504. Telephone: 541-774-8209. To keep the issue internal, contact the Clinical Director at 541-200-3600. The Medicare Ombudsman can be reached at www.cms.hhs.gov/center.ombudsman.asp

Your responsibilities are:

1. Provide a complete and accurate medical history including medications, over-the-counter products, dietary supplements, and any allergies or sensitivities.
2. Follow the treatment plan established by the physician, including instructions of nurses and other health care professionals as they carry out the physician's orders.
3. Arrange for a responsible adult to drive you home and stay with you for 24 hours after surgery (as may be required by your physician).
4. Fulfill financial responsibility, for all services received, as determined by the patient's insurance carrier.
5. Provide the surgery center with all information regarding third-party insurance coverage. Carry identification with you.
6. Behave respectfully toward all health care professionals, as well as other patients.
7. Read and understand all consents you sign. Please ask questions for clarification before signing consents. Let us know if you don't understand any part of your treatment. Ask questions and take part in your healthcare decisions.
8. Let us know when you are having pain or when your pain is not being managed.
9. Respect Crater Lake Surgery Center property and equipment.

Our Policy on Advance Health Care Directive:

The patient is responsible for notifying the staff if they have an Advance Directive and to provide a copy of it upon admission to the center. Documentation of the Advance Directive will be maintained in the clinical record. If emergency transfer did occur, all chart information would be made available and sent with the patient to the hospital, including the patient's information regarding Advance Directives. This facility does not provide implementation of Advance Directives for use in this setting. The patient will be resuscitated in the event of an emergency.

Our Grievance Policy:

All allegations must be immediately reported to the Clinical Director of Crater Lake Surgery Center at 541-200-3600. After hearing the grievance, the Clinical Director will respond to the complaint or concern in writing within 30 days and let you know how the grievance was resolved. If the issue is not resolved to your satisfaction by the Clinical Director, please contact the Jackson County Health and Human Services at 541-774-8209, or the Accreditation Association for Ambulatory Health Care, Inc., at 847-853-6060.

Our Financial Disclosure Statement:

This center is owned by Pain Care of Oregon, LLC. Under Oregon law, we are required to disclose to you that we are partners and part owners of Crater Lake Surgery Center, LLC: Joseph M. Savino, M.D., and George D. Johnston, D.O.

By signing this document, you are stating you have received a copy of this document and you understand the contents of this document.

Print Name _____ Sign Name _____ Date _____

