



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.



Phone 541-200-3600
Direct 541-200-3612
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833 Bennett Ave.
Medford, Oregon 97504

Patient Rights & Responsibilities



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

Your rights are:

1. Patients have the right to be treated with dignity and to receive courteous, considerate and respectful care. Approach each individual as the human being he is.

2. Patients have the right to expect that the staff have been fully credentialed and are competent to perform the treatments and procedures for which they have privileges. The organization fully credentials its staff, performs background checks, verifies education and licensure and evaluates competencies at least annually. Job descriptions and performance appraisals, peer review and staff education are all involved in meeting this particular patient right.

3. Patients have the right to obtain from their physician their diagnosis, treatment plan and prognosis, in language clearly understandable in "lay" terms. If it is inadvisable for the patient to receive this information, his authorized person should be given this information. In addition, the patient has the right to know the names of the individuals involved in his procedure, including anesthesia and surgical assistants. The patient has the right to know when any of these assistants (or observers) are students who will be involved in his care.

4. The patient has the right to give informed consent prior to the commencement of the procedure. This means that his physician has explained the diagnosis, the specific procedures and/or treatment, the medically significant risks or complications involved, the prognosis and the probable duration of any incapacitation. In addition, the patient has the right to know medical alternatives. The patient must sign his consent within 30 days of the proposed procedure. Therefore, the date and time of the signing must be noted on the consent form.

5. The patient has the right to refuse treatment within the confines of the law, to participate in his care and to be informed of the medical consequences for refusal of care. Should the patient refuse, the information would be placed in his chart.

6. The patient has the right to have his privacy respected. The organization has embraced the HIPAA regulations regarding the patient's right to privacy. Staff are trained in this area annually. Privacy in most preoperative and recovery areas is a challenge, due to the prevalence of the "open" plan. However, the pulling of privacy curtains, the restraint of patient-related conversations, the protection of PHI, and the prohibition of open discussion about the patient's procedure in the waiting room are all examples of accepted privacy protections.

7. The patient has the right to expect care regardless of age, race, color, sexual orientation, religion, marital status, sex, national origin, handicap, source of payment or sponsor, where additional arrangements can be made.

8. The patient has the right to expect interpretive services, visual and auditory aids will be made available.

9. The patient has the right to expect that referral or transfer will occur if necessary but only after he and/or his care person have been made aware of such need.

10. The patient has the right to obtain information regarding relationships between the organization and other healthcare and educational institutions, in so far as care is concerned. The patient also has the right to obtain information as to the existence of any professional relationships among individuals involved in his care. This provision includes his physician's ownership in the center.

11. The patient has the right to be advised when the facility is involved in research and human experimentation affecting care or treatment. The patient has the right to refuse his participation. It is the duty of the organization to ensure the patient's full knowledge of such research and experimentation and ensure that all paper work regarding such activities is present in the chart prior to the patient being sedated.

12. The patient has the right to expect continuity of care among his healthcare team. This includes the "handing off" communication within the center, but also the information passed upon discharge or transfer. This expectation covers the right to know how the patient can contact his physician, as well as the physician's name.

13. The patient has the right to be informed of fees for services and payment policies, as well as any charges above what insurance will pay. The patient also has the right to receive an itemized copy of his account statement upon request and an explanation of charges. The "surgical fee review tool" is an excellent tool to use in explaining fees and facility expectations. The patient would sign and date the form, and a copy is given to him while the original is placed in his chart.

14. The patient has the right to be free from mental, physical, sexual and verbal abuse and the right to have any allegations investigated by the institution.

15. The patient has the right to be informed of provisions for after-hour and emergency coverage. Put the organization's hours of operation, after-hours phone information or care information on the front of the door.

16. The patient has the right to expect truth in advertising by the organization. Review your patient brochures, center information and website to ensure all statements are true. One organization, which had flown through their initial Medicare survey with zero deficiencies, released its patient brochures and advertising information to the yellow before receiving its Medicare number. A competitor in town saw this and knew the survey had just occurred and that the organization could not possibly have received its number. He filed a complaint with the state for false advertising, leading to an investigative survey and fines.

17. The patient has the right to know whether the organization accepts his insurance, including Medicare, prior to his treatment.

18. The patient has the right to know that the organization makes decisions regarding the provision of ongoing care, treatment and discharge based on the assessment of the patient. Patients often complain about how many times they are asked to state their name during their admission. Frequent ting you havereminders to the patient that these inquiries and checks are for his safety help defray his irritation, while reinforcing the organization's commitment to quality health care.

19. Patients have the right to make suggestions regarding changes in policies and procedures of the organization and to file a grievance without fear of reprisal. Offer the patient a copy of the Patient Grievance form. Explain to him that you understand that he is upset and that you are interested in what he has to say. Contact your supervisor and procure a copy of the grievance form.

The patient should be given the form with instructions to complete it and assurance that, upon receipt, the QA/PI committee will review it and will report back to him the results of their study regarding the incident. Most patients just want their grievance to be heard.

20. Patients have the right to review, inspect and amend their health record to include disclosures. Provide a private place for this activity, but first, review the HIM policies regarding patient access to their health record. Make sure that supervisors and patient's physician are aware of the patient's request.

21. The patient has the right to have an advance directive. However, he also has the right to know that such directive will not be followed during his surgical event/appointment.

22. The patient has the right to know that staff will be responsive to his complaints regarding pain and will provide pain prevention and management. Patients need to know that staff are treating them as individuals and are respectful of his complaints regarding pain without judgment. They need to be able to trust that staff will work with them to relieve him of his pain.

23. Patients also have the right to contact the accreditation agency, the state and CMS regarding issues and/or complaints surrounding the quality of their care. The notice of this right along with the proper addresses and contact information should be clearly displayed.

Your responsibilities are:

Patients also have certain responsibilities the meeting of which can directly impact the outcome of the care delivered.

1. Patients have the responsibility of informing the organization truthfully regarding the presence, or absence, of an adult care person, to be in attendance for the patient postoperative instructions and transportation.

2. Patients have the responsibility of ensuring home care, either through a friend, family member, or home healthcare, and for advising the organization of issues surrounding this subject in a timely manner such that alternatives can be arranged.

3. Patients have the responsibility of following preoperative and postoperative instructions and of asking questions or seeking clarification where his understanding of such instructions is questionable.

4. Patients have the responsibility to provide information about past illnesses, hospitalizations, medications, allergies, sensitivities and other matters relating to their health — and to answer all questions concerning these matters to the best of their ability.

5. Patients have the responsibility to advise the organization of barriers to their learning, such as visual, auditory or other deficits to include language barriers. This is important so that the organization can make arrangements to support the patient in the identified area.

6. Patients have the responsibility to report changes in their condition and status to the organization representative and their physician in a timely manner.

7. Patients have the responsibility of being considerate and respectful to members of the organization's staff and healthcare workers. It is, furthermore, their responsibility to ensure that their family members or care persons are equally considerate and respectful.

8. Patients have the responsibility of being respectful of the organization's property.

9. Patients have the responsibility for paying promptly or making arrangements for the payment of their bills and for providing all required information for insurance processing.

10. Patients have the responsibility for keeping all appointments at their scheduled time, or for contacting the organization as soon as possible should circumstances change.

11. Patients have the responsibility for advising the organization's staff members regarding pain needs, issues or special requests and for asking for pain relief when the pain first begins. They should also follow alternative methods for pain relief taught to them by the staff.