



Lindsay House Surgery Center, LLC

PATIENT RIGHTS AND RESPONSIBILITIES

The patient has the right:

To be treated with courtesy, respect, and consideration with appreciation of his or her individual dignity and with protection and provision of personal privacy as appropriate

To an environment that is respectful, safe and secure for self/person and property without being subjected to discrimination or reprisal

To confidentiality of information gathered during treatment

To prompt and reasonable response to questions and requests

To know who is providing and is responsible for his or her care

To know what patient support services are available, including whether an interpreter is available if he or she does not speak English

To know what rules and regulations apply to his or her conduct

To be given by the health care provider information concerning diagnosis, evaluation, planned course of treatment, and alternatives, risks, and prognosis. When medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.

To refuse treatment, except as otherwise provided by law

To be given, upon request, full information and necessary counseling on the availability of know financial resources for his or her care

To know upon request and in advance of treatment, whether the health care provider or health care Facility accepts the Advance Directives

To receive upon request, prior to treatment, a reasonable estimate of charges for medical care

To receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have charges explained

To receive impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment

To change their healthcare provider if other qualified providers are available

To receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment

To know if medical treatment is for purposes of experimental/research and to give his or her consent or refusal to participate in such experimental research

To make informed decisions regarding his or her care

To be fully informed about a treatment or procedure and the expected outcome before it is performed

To approve or refuse their release of confidential disclosures and records, except when release is required by law

To participate in all aspects of health care decisions, unless contraindicated for medical reasons

To appropriate assessment and management of pain

To be free from all forms of abuse or harassment

To voice grievances regarding treatment or care that is or fails to be furnished

A patient is responsible:

For providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications including over-the-counter products and other dietary supplements, allergies and sensitivities and other matters relating to his or her health

For having a responsible adult to transport him or her home from the facility and to remain with him or her for 24 hours

For reporting unexpected changes in his or her condition to the health care provider

For reporting to the healthcare provider whether he or she comprehends a contemplated course of action and what is expected of him or her

For following the treatment plan prescribed/recommended by the health care provider and participate in his or her care

*For keeping appointments and when he or she is unable to do so for any reason, for notifying the Facility
For his or her actions if he or she refuses treatment or does not follow the health care provider's instructions*

For assuring that the financial obligations of his or her health care are fulfilled as promptly as possible

For accepting personal financial responsibility for any charges not covered by his or her insurance

For following Facility rules and regulations affecting patient care and conduct

For consideration and respect of the facility, health care professionals and staff, other patients and property

For informing his or her provider of any living will, medical power of attorney or other directive that could affect care

For asking what to expect regarding pain and pain management

Notice of Ownership

Vito C. Quatela, MD is the owner of the Lindsay House Surgery Center, LLC

These rights and responsibilities outline the basic concepts of service here at the Lindsay House Surgery Center, LLC. If you believe, at any time, our staff has not met one or more of the statements during your care here, please ask to speak to the Medical Director or Clinical Director. We will make every attempt to understand your complaint/concern. We will correct the issue you have if it is within our control and you will receive a response.

- Grievances or safety concerns about our facility should be referred to the Clinical Director – Katherine Sheridan at 585.269-3649 or 973 East Avenue, Rochester, New York 14607
- For NYS complaints, you may send a letter to NYS Department of Health, Empire State Plaza Albany, New York 12237 or telephone 1.800.804.5447
- Office of the Medicare Beneficiary Ombudsman: Visit <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> or call 1.800.MEDICARE (1.800.633.4227) or use www.medicare.gov

Advance Directives

In order to be in compliance with the Patient Self-Determination Act (PSDA) and State requirements regarding advance directives the Facility requires each patient, prior to scheduled procedures, to read the Facility position on advance directives.

Advance Directives are specific instructions, prepared in advance, that are intended to direct medical care for persons if they become unable to do so in the future.

There are many types of advance directives, but the most common forms are:

Health Care Proxy

A Health Care Proxy is a document that appoints an individual to make health care decisions when the patient is incapable of communicating. If you need a health care proxy form, they can be printed from the New York State Department of Health website at www.health.state.ny.us.

Living Wills

This is a written, legal document that conveys the wishes of an individual in the event he/she become terminally ill and incapable of communicating. A "Living Will" may indicate specific care or treatment the person does or does not wish to have implemented in the event of a terminal illness

Durable Power of Attorney for Health Care

A legal document that allows an individual to appoint someone else (proxy) to make medical or health care decisions, in the event the individual becomes unable to make and communicate such decisions personally.

DNR (Do Not Resuscitate)

This states that CPR (cardio pulmonary resuscitation) is not to be initiated if breathing stops or the heart stops beating. The order may be written by the person's doctor after discussing the issue beforehand with the person (if possible) or his or her proxy or family.

It is the policy of the Lindsay House Surgery Center, LLC, that in the event of a medical emergency or other life-threatening situation, resuscitation will be instituted in every instance and patients will be transferred to a higher level of care. Any previously formulated DNR orders will not be honored by the Lindsay House Surgery Center, LLC. All other advanced directives will be honored.

If you have an Advance Directive please bring it with you on the day of your surgery.