

MUNSTER SPECIALTY SURGERY CENTER, LLC.

RIGHTS AND RESPONSIBILITIES OF THE PATIENT

The Center's Patient Rights and Responsibilities are established with the expectation that observance of these rights and responsibilities will contribute to more effective patient care and greater satisfaction for the patient, his/her family, his/her physician and the facility caring for the patient. Patients shall have the following rights without regard to age, race, sex, national origin, religion or culture, physical handicap, personal value and belief systems or source of payment.

Patient Rights

- Every patient has the right to be informed of his/her rights in a manner he/she can understand and to exercise these rights without being subjected to discrimination or reprisal.
- Every patient has the right to courtesy, respect, dignity, privacy responsiveness, and timely attention to his/her needs regardless of age, race, sex, national origin, religion, cultural, or physical handicap, personal values, preferences, and beliefs.
- Every patient has the right and need for effective communication.
- Every patient has the right to every consideration of his/her privacy and individuality as it relates to his/her social, religious, and psychological wellbeing.
- Every patient has the right to confidentiality, the right to approve or refuse the release of medical information to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party payment contract. Every patient has the right to express grievances or complaints without fear of reprisals.
- Every patient has the right to a safe environment.
- Every patient has the right to continuity of health care. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient sufficient opportunity to make alternative arrangements.
- Every patient is provided complete information regarding diagnosis, treatment, and prognosis; as well as alternative treatments or procedures and the possible risks and side effects associated with treatment. If medically inadvisable to disclose to the patient such information, the information is given to a person designated by the patient or to a legally authorized individual.
- Every patient has the right to be free from any act of discrimination or reprisal.
- Every patient has the right to make decisions regarding the health care that is recommended by the physician, accordingly, the patient may accept or refuse any recommended medical treatment and must be informed of the consequences of his/her actions. Every patient has the right to be informed of any research or experimental projects and to refuse participation without compromise to the patient's usual care.
- Every patient has the right to appropriate treatment and care to include the assessment/managements of pain.
- Every patient has the right to an explanation and to understand facility charges related to his/her health care.
- Every patient has the right to all resuscitative measures: therefore, we will not honor Advance Directives.
- Every patient has the right to be free from all forms of abuse or harassment.
- Every patient has the right to personal privacy.
- Every patient has the right to change providers if other qualified providers are available.

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Patient Responsibilities

- Patients are responsible to be honest and direct about matters that relate to them, including answering questions honestly and completely.
- Patients are responsible to provide complete and accurate past and present medical history, present complaints, past illnesses, hospitalizations, surgeries, existence of advance directive, any medications taken, including over the counter products and dietary supplements, any allergies or sensitivities, and other pertinent data to the best of their ability.
- Patients are responsible to follow the treatment plan prescribed by his/her provider and participate in his/her care. Agree to accept all care givers without regard to race, color, religion, sex, age, gender preference or handicap, or national origin.
- Patients are responsible for assuring that the financial obligations for health care rendered are paid in a timely manner.
- Patients are responsible to sign required consents and releases as needed.
- Patients are responsible for their actions if they should refuse a treatment or procedure, or if they don't follow up or understand the instructions given them by the physician or Surgery Center employees.
- Patients are responsible for keeping their procedure appointment, if they anticipate a delay or must cancel, they will notify the Surgery Center as soon as possible.
- Patients are responsible for the disposition of their valuables, as the Surgery Center does not assume the responsibility.
- Patients are responsible to be respectful of others, other people's property, and the property of the Surgery Center.
- Patients are responsible to observe safety and no smoking regulations.
- Patients are responsible for providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by the provider.

Complaints or Grievances

Munster Specialty Surgery Center sincerely hopes that we meet your expectations and that you are pleased with the care you receive here. We encourage your suggestions and/or feedback. We also would like to know about any concerns or complaints you may have. Please call 219-595-0789 and ask to speak with the Administrator.

If your complaint or grievance was not resolved, you may call/mail any of the below:

- Indiana Department of Health: 1-800-246-8909 or Division of Long Term Care 2 North Meridian St, 4b Indianapolis, IN 46204
- Accreditation Association for Ambulatory Health Care: 1-847-853-6060
- Office of Medicare Beneficiary Ombudsman: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>
- **Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)**

NAME OF PATIENT

SIGNATURE OF PATIENT/AUTHORIZED REPRESENTATIVE & FINANCIALLY RESPONSIBLE PARTY

RELATIONSHIP

DATE

WITNESS

DATE