

# PATIENT RIGHTS AND RESPONSIBILITIES

## PATIENTS' RIGHTS

Patients' rights will be exercised without regard to sex, culture, economic, educational or religious background or the source or payment for his or her care. Patients have a right to:

1. Considerate and respectful care.
2. Appropriate privacy.
3. Patient disclosures and records are treated confidentially, and, except when required by law, patients are given the opportunity to approve or refuse their release.
4. Patients are provided to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is 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.
5. Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
6. Information is available to patients and staff regarding:
  - a. Patient rights
  - b. Patient conduct and responsibilities
  - c. Services available at the Surgery Center
  - d. Provisions for after-hour and emergency care
  - e. Fees for services
  - f. Payment policies
  - g. Patients' right to refuse to participate in experimental research
  - h. Advance directives, as required by state or federal law and regulations
  - i. Credentials of health care professionals
7. Be informed of Patient Responsibilities (see Patient Responsibilities).
8. Patients are informed of their right to change their provider if other qualified providers are available.
9. Representation of accreditation to the public must accurately reflect the accredited entity.
10. Marketing or advertising regarding the competence and capabilities of the organization is not misleading.
11. Patients are provided with appropriate information regarding the absence of malpractice insurance coverage.
12. Patients are informed about procedures for expressing suggestions, complaints and grievances, including those required by state and federal regulations.
13. Patients have the right to be free from all forms of abuse or harassment.
14. Patients have the right to privacy and security of individually identifiable health information.
15. Patients have the right to be fully informed about a treatment or procedure and expected outcome before it is performed.
16. If a patient is adjudged incompetent under applicable state health and safety laws by a court, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
17. If a state court has not adjudged a patient as incompetent, any legal representative designated by the patient may exercise the patient's rights to the extent allowed by law.
18. The facility must inform patients or patients' representatives of the patients' rights and must protect and promote the exercise of such rights.
19. The facility must provide patients or patients' representatives with verbal and written notice of patients' rights in a language and manner that is understandable.

## ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

I declare and represent that I have been informed of my Patient Rights and Responsibilities and the Surgery Center's Grievance Procedures and contact information. I also acknowledge that I was informed I have a right to read and receive a copy of the Notice of Privacy Practices for Camp Lowell Surgery Center. I understand the above information and have no further questions.

Signature of Patient or Patient's representative such as guardian or Person acting on behalf of the Patient with their written consent or as pursuant to A.R.S. 36-3201 (13).

20. Patients have the right to exercise their rights without being subjected to discrimination or reprisal.
21. Patients have the right to receive a Notice of Privacy Practices (NPP) describing in detail their rights regarding their medical information and how it may be used or disclosed.
22. Patients have the right to know that this surgery center is an incorporation of a collective group (which may include their surgeons) formed for the benefit of the community. The Center also wishes to inform patients that their surgeons may have a financial interest in this Center. Others may also have an investment interest in the Center. As a matter of choice, patients have the right to choose to have their recommended surgery at other locations.

**I authorize the following person(s) to receive information regarding my procedure, my medical condition, and my care:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## PATIENTS' RESPONSIBILITIES

Patients are responsible to:

1. Provide accurate and complete information about their health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
2. Follow the treatment plan recommended by their providers and participate in their care.
3. Provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their providers.
4. Inform their providers about any living will, medical power of attorney, or other directive that could affect their care.
5. Accept personal financial responsibility for any charges not covered by insurance.
6. Be respectful of all health care providers and staff, as well as other patients.
7. Patients are responsible for their actions if they refuse treatment or do not follow the providers' instructions.
8. Arrive as scheduled for appointments and to cancel, in advance, appointments they cannot keep.
9. To become informed of the scope of basic services offered, the costs, and the necessity for medical insurance and to actively seek clarification of any aspect of participation in the Surgery Center's services and programs that is not understood.

## PATIENT COMPLAINT OR GRIEVANCE

If you have a problem or complaint, you may contact:

**Surgery Center Administrator, Heidi Costello (520) 618-6058**

If you are not satisfied with the Surgery Center's response, you may contact:

**Arizona Department of Health Services Bureau of Medical  
Facilities Licensing (602) 364-3030**

[www.azdhs.gov/als/medical](http://www.azdhs.gov/als/medical)

**Medicare Beneficiary Ombudsman (800) 633-4227**

[http://www.medicare.gov/claims-and-appeals/medicare-rights/  
get-help/ombudsman.html](http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html)

DATE OF ABOVE SIGNATURE: \_\_\_\_\_

WITNESS TO ABOVE SIGNATURE: \_\_\_\_\_

## CAMP LOWELL SURGERY CENTER PHYSICIAN OWNERS

Arizona state law REQUIRES we inform you the following surgeons have a financial interest in CAMP LOWELL SURGERY CENTER.

Aaron, MD	Jack	1110 N. El Dorado Place	85715	327-5677
Artz, MD	Katie	1951 N. Wilmot, Bldg. 2	85712	795-5845
Bentley, MD	John	5949 N. Camino Del Conde	85718	615-8943
Brick, MD	Dean	6422 E. Speedway Blvd., Ste. 100	85710	325-9400
Butler, MD	Thomas	4727 E. Camp Lowell Dr.	85712	290-4263
Carlson, MD	James	3172 N. Swan Rd.	85712	795-8777
Chastain, MD	John	6567 E. Carondelet Dr., #515	85710	296-8500
Chiarello, DPM	Robert	4816 E. Camp Lowell Dr.	85712	881-8640
Dean, MD	Robert	6567 E. Carondelet Dr., #515	85710	296-8500
Duerksen, MD	Kathleen	5979 E. Grant Ste. 115	85712	751-8030
Felix-Tacoronte, MD	Carmen	1110 N. El Dorado Place	85715	327-5677
Hu, MD	David	6567 E. Carondelet Dr., #515	85710	296-8500
Hutcheson, DPM	Brian	4816 E. Camp Lowell Dr.	85712	881-8640
Kang, MD	Thomas	3172 N. Swan Rd.	85712	795-8777
Kaye, MD	Larry	4709 E. Camp Lowell Dr.	85712	722-4700
Kersey, MD	Robert	6567 E. Carondelet Dr., #415	85710	885-6701
Lamear, MD	William	6567 E. Carondelet Dr., #515	85710	296-8500
Levine, MD	Jason	6422 E. Speedway Blvd., Ste. 100	85710	327-3487
Maloney, MD	Christopher	3170 N. Swan Rd.	85712	298-2325
Massey, MD	Brandon	3170 N. Swan Rd.	85712	298-2325
McCafferty, MD	Sean	6422 E. Speedway Blvd., Ste. 100	85710	327-3487
McColgin, MD	Ann	6422 E. Speedway Blvd., Ste. 100	85710	325-9400
Monash, MD	Jeffrey	4715 E. Camp Lowell Dr.	85712	319-6000
Nisbet, MD	Jon	1551 E. River Rd.	85718	321-9850
Parry, MD	David	6567 E. Carondelet Dr., #515	85710	296-8500
Polonski, MD	Lynn	3925 E. Fort Lowell Rd.	85712	576-5110
Rosen, MD	Karl	1110 N. El Dorado Pl.	85715	327-5677
Snyder, MD	Robert	4711 E. Camp Lowell Dr.	85712	327-2020
Soderberg, MD	Keith	6567 E. Carondelet Dr., #515	85710	296-8500
Steck, DPM	Jerome	6567 E. Carondelet Dr., #415	85710	885-6701
Stratigouleas, MD	Elias	6567 E. Carondelet Dr., #515	85710	296-8500
Teeple, MD	Ryan	5675 E. Grant Road	85712	721-7995
Tsai, MD	Patrick	4709 E. Camp Lowell Dr.	85712	722-4700
Villavicencio, MD	Ovette	3925 E. Fort Lowell Rd.	85712	576-5110
Wang, MD	Mingwu	6422 E. Speedway Blvd., Ste. 100	85710	325-9400
Whitacre, MD	Eric	5230 E. Farness	85712	319-6686

### ADVANCE DIRECTIVES/LIVING WILL/HEALTH CARE PROXY

I understand I have the right to make choices regarding life-sustaining treatment (including resuscitative measures).

- I have a living will, but a copy has not been provided to CLSC.
- I have provided the Facility with a copy of my Advance Directive/Living Will/Health Care Proxy. The facility has explained to me their policy regarding the honoring of this document and I agree to proceed with the proposed procedure as scheduled.
- I do not have an Advance Directive/Living Will/Health Care Proxy.
- I wish to have information on how I can obtain an Advance Directive/Living Will/Health Care Proxy.

**Please note: If you, as a patient of Camp Lowell Surgery Center, experience a life threatening emergency while at the Center, it is our policy to resuscitate and maintain life until an appropriate and timely transfer can be made to the nearest hospital. This policy is in place regardless of any of the above stated arrangements. By signing below, I acknowledge I understand this policy.**

### ACKNOWLEDGEMENT OF INFORMATION

I declare and represent that I have been informed both verbally and in writing of the Surgery Center's policy on Advanced Directives. I also acknowledge that I was informed my physician may have a financial interest in the Center and that I was given the opportunity to choose another facility for my procedure. I understand the above information and have no further questions.

\_\_\_\_\_  
**Signature of patient or patient's representative such as guardian or person acting on behalf of the patient with their written consent or as pursuant to A.R.S. 36-3201 (13).**

**DATE OF ABOVE SIGNATURE: \_\_\_\_\_ WITNESSTO ABOVE SIGNATURE: \_\_\_\_\_**