



## ***PATIENT BILL OF RIGHTS***

At Unity Surgical Center, we want our patients to have the best possible care. We want you to know your rights as a patient as well as your responsibilities to yourself, your doctor, and Unity Surgical Center. These rights and responsibilities are supported by Unity Surgical Center and have been developed with the utmost concern and respect for the patient, physician and staff.

### **As a patient you have a right:**

- To exercise your rights without being subjected to discrimination or reprisal.
- To treatment without regard to: race, creed, color, ethnic origin, nationality, gender, handicap, age affiliation with fraternal or religious organizations, cultural, economic, or educational background, or the source of payment for care.
- To considerate and respectful care.
- To be fully informed about a treatment or a procedure and the expected outcome before it is performed.
- To make informed decisions regarding your care. This includes the right to be informed of your health status, to be involved in care planning and treatment and, to be able to request medically appropriate care or to refuse such care.
- To know the name of the surgeon who has primary responsibility for coordination of your care and the names and professional relationships of other practitioners who participate in your care.
- To receive information from your surgeon about illness, course of treatment and prospects for recovery in layman's terms. 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.
- To receive the necessary information about any proposed treatment or procedure in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of all the procedure(s) or treatment(s), the medically significant risk(s) involved in this treatment, an alternate course of treatment or non-treatment, and the risk(s) involved in each, and the name of the person who would carry out the treatment(s) or procedure(s)
- To participate actively in decision(s) regarding your medical/surgical care. To the extent it is permitted by law, this includes the right to refuse treatment and be informed of the medical consequences of such refusal.
- To full consideration of privacy concerning your medical/surgical program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
- To confidential treatment of all communications and records pertaining to your care. Except as directed by law, the patient's written permission shall be obtained before medical records are made available to anyone not concerned with the patient's care.
- To reasonable responses to any reasonable request you make for services.
- To reasonable continuity of care and to know in advance the time and location of appointment(s), as well as the practitioner providing the care.
- To be advised if the surgeon proposes to engage in or perform human experimentation affecting your care or treatment. The patient has the right to refuse to participate in such research projects.
- To be informed by your surgeon, or designee, of your continuing health care requirements.
- To examine and receive an explanation of your bill regardless of the source of payment.
- To have all patient rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
- To express any grievances or suggestions verbally or in writing regarding the treatment of care
- To change physician provider, if desired.
- To receive care in a safe setting.
- To be free from all forms of abuse or harassment.
- To participate in the developmental and implementation of your plan of care. That patient has the right to have pain treated as effectively as possible. This includes the right to participate in the plan of care for pain assessment and pain management.
- To know the relationship of the facility to other persons or organizations participating in the provision of your care.



**As a patient you have the responsibility:**

- To be considerate of the rights of others such as other patients and the staff. This includes, but is not limited to the responsibility of respecting privacy, asking visitors to adhere to the visitation, smoking policies and to use the television, radio, telephone, and lights in a manner that is not distracting.
- To follow all healthcare facility rules and regulations.
- To assume responsibility for the loss or damage of personal property that is not turned over to the facility for safekeeping during the admission.
- To keep scheduled appointments and to provide accurate information about their medical history including past illnesses, hospitalizations and medications.
- To ask questions and seek clarification of issues you do not understand.
- To arrange to have a responsible adult present for transportation and home care for procedures where sedation is given.
- To follow the care prescribed by the doctor, nurse, or health care workers and to accept the responsibility for your actions if you refuse recommended treatment or do not follow instructions.
- To advise your nurse, doctor, or patient care representative of any dissatisfaction you have in regard to the quality of your care.
- To inform your doctor or nurse if you have an advance directive or have a designated person to make health care decisions in the event that you are unable.
- To provide the name and telephone number of the person you would want contacted in the event of an emergency.

If you would like to report a complaint regarding your treatment at Unity Surgical Center you may contact Tami Robinson, Director of Nursing at 765-446-5000 or you may submit a complaint in writing to:

Unity Surgical Center  
ATTN: Tami Robinson  
1411 South Creasy Lane, Suite 200  
Lafayette, IN 47905

If you would like to report a complaint to the Indiana State Department of Health you may call 1-800-246-8909 or you may submit a complaint in writing to:

Indiana State Department of Health  
ATTN: Ann Hamel  
2 North Meridian  
Indianapolis, IN 46201

The website for the Office of Medicare Beneficiary Ombudsman is

<http://www.medicare.gov/Ombudsman/resources.asp>