



Olympia Surgery Center Patient Rights Policy

In accordance with Olympia Surgery Center (OSC) policies, patients have the right to:

- Confidentiality and privacy
- Complain without fear of retribution or denial of care
- Exercise his or her rights without being subjected to coercion, discrimination, reprisal, or interruption of care that could adversely affect the patient.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Personal privacy and confidentiality of patient information and medical records.
- Agree to and receive care in a safe and secure setting.
- Be free from all forms of abuse or harassment, neglect, and access to protective services
- Be treated and cared for with dignity and respect
- The right to timely complaint resolution(**5 business days** complaint resolution), spiritual care, and communication
- Be involved in all aspects of care including to refuse care and treatment; and resolving problems with care decisions
- Be informed of unanticipated outcomes according to RCW 70.230.150
- Patient are provided, to the degree known, 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.
- If a patient is adjudged incompetent under applicable state health & safety laws by a court of jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
- If a state court has not adjudged a patient incompetent, any legal representative designated by the patient, in accordance with state law, may exercise the patient's right to the extent allowed by state law. Family input in care decision in compliance with existing legal directive of the patient OR existing court-issued legal orders.

- Be informed of any human experimentation, research, or education project affecting their care and the right to refuse to participate in such projects without hindering a patient's access to care if a patient refuses to participate.
- Examine and receive an explanation of their facility bill and know that the Surgeon is an owner of this facility and will realize monetary gain from performing the procedure here.
- Submit an Advanced Medical Directive (AMD) for your permanent OSC medical record.
- Know the name and credentials of all medical personnel providing their care
- **Medicare Patients:** If you need help to understand your Medicare options and/or rights, contact the Office of the Medicare Beneficiary Ombudsman at: 1-800-MEDICARE or www.cms.gov/center/ombudsman/asp.

If you have any questions regarding patient rights, patient responsibilities, services available at Olympia Surgery Center, fees for service, payment policies, methods for expressing grievances or offering suggestions please contact our director.

Olympia Surgery Center

3901 Capital Mall Dr SW

Olympia, WA 98502

Phone: (360) 528-8567 Ext. 2122

Complaint Hotline: 1-844-363-1870

All grievances will be addressed within **5 business days**. Please provide contact information if you would like a follow-up call.

If you wish to file a complaint with the Department of Health please use the contact information below:

Washington State Department of Health

HSQA Complaint Intake

PO Box 47857

Olympia, WA 98504-7857

Phone: 360-236-4700

Toll Free: 800-633 -6828

Fax: 360-236-2626

Email: HSQAComplaintIntake@doh.wa.gov

Olympia Surgery Center Patient Responsibilities and Participation Policy

Patient Responsibilities and Participation;

- To be considerate and respectful of your Surgeon, Professional Staff and other patients.
- To read all instructions and pamphlets provided in the Patients Guide to Surgery.
- To complete all preoperative paperwork in the Patients Guide to Surgery and bring them with you the day of your procedure.
- To be accurate and complete in answering any health questions presented to you by the Surgeon, Anesthesia or Professional Staff.
- To fully participate in the Preoperative phone assessment with the Preop RN.
- To be truthful in all questions and answers involving your health questionnaire.
- To follow all instructions given to you by the OSC RN during the preoperative assessment phone call.
- To actively participate in all decisions that impacts your care at the OSC.
- To have a responsible adult driver with you for transportation home from the OSC.
- To share immediately any concerns you have about a procedure or treatment that you have been scheduled for at the OSC.
- To work with your Surgeon and Nurse to help develop a strategy for pain relief.
- To follow all postop instructions concerning level of activity, postoperative home care and any other health care requirements.
- To examine your bill. You can contact the Business Office at **(360) 455-5144** with any questions.
- To fulfill the obligation of payment for care received in a timely fashion.

Please contact the Ambulatory Surgery Center Director at **(360) 528-8567, ext. 2122**, if you have any questions.

Olympia Surgery Center Advanced Medical Directives Policy

POLICY:

It is the policy of the Olympia Surgery Center (OSC) to **NOT** honor a Do Not Resuscitate (DNR) order. The patient does have the right to present a copy of an Advanced Directive for Healthcare for placement in their surgical chart in case of a medical emergency and patient transfer to a higher level of care.

PROCEDURE:

- A. At the time of registration, a patient will be allowed to add a copy of their Advanced Medical Directive (AMD) to their surgical chart/record when a waiver has been completed. Advanced Medical Directives can be presented as living wills and durable powers of attorney for healthcare. No Olympia Surgery Center employee is able to act as cosignatory or give legal advice on the efficacy and legality of such documents. A sample copy of an Advanced Medical Directive is available at the OSC.
- B. The existence of an Advanced Medical Directives shall be noted by a copy of the Advanced Medical Directive and the Waiver form being placed in the patient's permanent surgical chart/record.
- C. If the patient does suffer a medical emergency and is in need of transfer to a higher level of care (Hospital) the Advanced Medical Directive will accompany the patient in transfer and be made available to the facility accepting the patient. Once the patient transfer is completed, the admitting facilities policies and procedures will take precedence and supersede this OSC specific policy.
- D. The OSC shall, periodically, monitor the legal status of Advanced Medical Directives with the facility's attorney and track State and Federal Regulations as they are modified. For further information on Advanced Medical Directives on the web, you can go to: www.doh.wa.gov.

Your Surgeon is an owner of the Olympia Surgery Center. As such, he may realize a profit from your use of the facility.

I acknowledge receiving this information prior to the day of surgery.

Patient's Signature _____
Date _____ Time _____

To be completed by Olympia Surgery Center staff:

Patient has an AMD Yes No AMD in surgical chart Yes No _____