

CENTER FOR ADVANCED SURGERY AND PAIN MANAGEMENT

PATIENT BILL OF RIGHTS

**ACKNOWLEDGEMENT OF RECEIPT
OF
PATIENT BILL OF RIGHTS**

I acknowledge that I was provided a copy of the Patient Bill of Rights and that I have read, or have had the opportunity to read, this Notice and I understand the Notice.

Patient Name (Please Print)

Date

Authorized Representative (Please print if applicable)

Relationship to Patient

X _____
Patient's or Authorized Representative's Signature

PATIENT RIGHTS

As a patient you have the right to:

- Considerate, respectful care at all times, and under all circumstances with recognition of your personal dignity.
- Personal and informational privacy, within the law.
- Information concerning your diagnosis, treatment, and prognosis, to the degree known.
- Confidentiality of records and disclosures. Except when required by law, you have the right to approve or refuse the release of records.
- The opportunity to participate in decisions involving your health care, unless contraindicated by concerns about your health.
- Make decisions about medical care, including the right to accept or refuse medical or surgical treatment and the right to initiate advance directives such as a living will or a durable power of attorney. If you already have a living will or advance directive, please speak to a nurse.
- Information concerning the implementation of any advance care directive
- Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability.
- Request to review and be provided with an explanation of your bill, even though it may be covered by insurance.
- Know the identity and professional status of individuals providing service to you.
- Report any comments concerning the quality of service provided to you at the Center and receive fair follow up on your comments.
- Appropriate assessment and management of pain.

As a patient you are responsible for:

- Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate practitioner.
- Following the treatment plan recommended by the primary practitioner involved in your case.
- Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after your procedure.
- Indicating whether you clearly understood a contemplated course of action and what is expected of you.
- Your actions if you refuse treatment, leave the facility against the advice of the practitioner, and/or do not follow the practitioner's instruction relating to your care.
- Being considerate of the rights of other patients and facility personnel.
- Assuring that the financial obligations of your health care are fulfilled as expediently as possible.
- Providing information about and/or copies of any living will, power of attorney, and other directives that you desire us to know about.
- If you have any questions regarding your rights or responsibilities, please discuss your concerns with Phyllis Tutek Administrator at 732-918-0061.