

## PATIENT'S RIGHTS AND RESPONSIBILITIES

At the Heron Rock Surgery Center of Lancaster, providing you with high quality care is our top priority. To achieve this goal, protect the interests and promote the well-being of our patients, we want you to be informed of your rights.

Patients at the Heron Rock Surgery Center of Lancaster shall have the following rights without regard to age, race, sex, national origin, religion, cultural, or physical handicap, personal value and benefits.

### *Rights of the Patient:*

- Every patient has the right to courtesy, respect, dignity, privacy, responsiveness, and timely attention to his/her needs.
- Every patient has the right to every consideration of his privacy and individuality as it relates to his social, religious and psychological well-being.
- Every patient has the right to confidentiality, 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 continuity of health care. The physician may not discontinue treatment of a patient if further treatment is medically indicated, without giving the patient enough opportunity to make alternative arrangements.
- Every patient is provided complete information about diagnosis, treatment and prognosis, alternative treatments or procedures and the possible risk and side effects associated with treatment.
- Every patient has the right to make decisions about the health care recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If the patient is unable to participate, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- 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/management of pain.
- Access to provider credentialing.

### *Responsibilities of the Patient:*

- 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 accurate past and present medical history, present complaints. Past illnesses, hospitalizations, surgeries, existence of advance directive, medication and other pertinent data.
- Agree to accept all caregivers 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 promptly.
- 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 do not follow or understand the instructions given to 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, or other people's property and the property of the Surgery Center.
- Patients are to observe safety and no smoking regulations.

### *Patient Complaint or Grievance:*

To report a complaint or grievance you may contact Sofia Zharkova, Practice Administrator at: (484)588-2583 or the Pennsylvania Department of Health at: (888) 477-2787 or (888) 466-2787. All Medicare beneficiaries may file a complaint or grievance with the Medicare Beneficiary Ombudsman Online at: [www.medicare.gov/ombudsman/resource.asp](http://www.medicare.gov/ombudsman/resource.asp)

**Advance Directive Notification:** You have the right to present an advance directive or receive information about advance directives. In an emergency, we will initiate life-saving measures and transfer you to the nearest acute care facility. The facility will honor your advance directive.

**Disclosure of Ownership:** Your physician may have a financial interest in this facility. You have the right to choose the provider of your healthcare.