

PATIENT RIGHTS

Camp Lowell Surgery Center observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values or belief systems. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. Your patient rights include the following:

1. Each Patient has the right to be treated with consideration, respect, and dignity in a safe setting, and to be provided with appropriate privacy.
2. Each Patient has the right to be free from all forms of abuse or harassment.
3. Each Patient has the right to expect personnel who care for them to be friendly, considerate, respectful, and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of service.
4. Each Patient has the right to be free from chemical, physical and psychological abuse or neglect.
5. Each Patient has the right to refuse or withdraw consent for treatment or give conditional consent for treatment.
6. Each Patient has the right to have medical and financial records kept in confidence and the release of such records shall be written consent of the Patient or Patient's representative except as otherwise required or permitted by law.
7. Each Patient has the right to obtain complete information about their diagnosis, possible treatment, and prognosis in a manner that is understandable to them. When it is not medically advisable to give such information to the patient, the information should be made available to the patient's designated representative who shall exercise the patient's rights.
8. Each Patient has the right to receive complete information from their physician, regarding proposed treatment or procedure, necessary to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate course of treatment or non-treatment and to know the name of the person responsible for the procedure or treatment.
9. Each Patient has the right to be informed of the following:
 - A. The proposed surgical procedures and the risks involved.
 - B. The Center's policy on advance directives such as living wills and medical power of attorney documents.
 - C. The costs of services prior to obtaining services or prior to a change in rates, charges or services.
 - D. Notice of third party coverage for the cost of services including Medicare and Arizona Health Care Cost Containment System (AHCCCS) coverage.
10. Each Patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of their action. The patient accepts responsibility for his/her actions should he/she refuse treatment or not follow the instructions of physician or facility.
11. Each Patient has the right to expect reasonable continuity of care.
12. Each Patient has the right to be informed if this facility proposes to engage in or perform any human experimentation affecting their care or treatment and can refuse participation in such experimentation without compromise to their care.
13. Each Patient has the right to be informed as the facility's policy regarding advance directives.
14. Each Patient has the right to have an initial assessment and regular assessment of pain. Education of patients and family, when appropriate, regarding their roles in managing pain.
15. Each Patient has the right to access and or copies of their medical records.
16. Each Patient has the right to know about facility fees and payment methods. They will receive a copy of their bill. They can request an explanation of their bill regardless of the source of payment.

- 17. Each Patient has the right to be provided with, upon request, access to information contained in their medical record.
- 18. Each Patient has the right to receive a Patient Privacy Notice which provides an explanation of how their protected health information is utilized and to those that may need to receive it.

PATIENT RESPONSIBILITIES

Each Patient has the RESPONSIBILITY to:

- A. Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities
- B. Follow the treatment plan prescribed by his/her physician
- C. Provide a responsible adult to transport him/her home and remain with him/her for 24 hours if required
- D. Accept personal financial responsibility for any charges not covered by his/her insurance.
- E. Be respectful of all the health care providers and staff, as well as other patients

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 advanced directives/living will.

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 THE ABOVE SIGNATURES _____ WITNESSES TO ABOVE SIGNATURES _____

CAMP LOWELL SURGERY CENTER
Patient Rights

PATIENT LABEL