

NORTH HAVEN

SURGERY CENTER

PATIENT RIGHTS/RESPONSIBILITIES

- Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care.
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
- Receive notice of their rights prior to the surgical procedure in verbal and written notice in a language and manner that ensures the patient, or the patient's representative, *or the patient's surrogate* understand *all of the patient's rights*.
- Expect personnel who care for the patient 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 services.
- Be fully informed of the scope of services available at the facility, provisions for afterhours care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or patient's surrogate other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions including refusal of treatment or not following the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Express grievances/complaints and suggestions at any time.
- Access to and/or copies of his/her medical records.
- Be informed as to the facility's policy regarding advance directives/living wills.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.

You have the option of proceeding with care at our facility or having the procedure at another location that may not set the same limitations. Having been fully informed of our Statement of Limitations, you choose to proceed with your procedure at North Haven Surgery Center.

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at 203-234-7727 or by mail at:

52 Washington Ave Suite 1
North Haven, CT. 06473
203-234-7727

Complaints and grievances may also be filed through:

Connecticut Department of Public Health
Facility Licensing and Investigations section
410 Capital Ave., MS# 12HSR
Hartford, CT 06134
860-509-7400 (phone)
860-509-7538 (fax)

Medicare beneficiaries may receive information regarding their options under Medicare and their rights and protections by visiting the website for the Office of the Medicare Beneficiary Ombudsman at: www.cms.hhs.gov/center/ombudsman.asp

DISCLOSURE OF OWNERSHIP

North Haven Surgery Center is proud to have a number of quality physicians invested in our facility. Their investment enables them to have a voice in the administration of policies of our facility. This involvement helps to ensure the highest quality of surgical care for our patients. The names of all investors is posted in the Waiting Room.

This disclosure is intended to help you make a fully informed decision about your health care. You will not be treated differently if you do not choose the facility which your physician has an ownership interest.

For more information about alternative providers, please ask my staff or me. We will provide you with names and addresses of places best suited to your individual needs that are nearest to your home or place of work.

By signing this document, I, the undersigned have read this notice and fully understand it. If I have questions, I understand that I may discuss this notice with my physician or his/her staff. I understand that I have a choice of facilities from which to receive medical treatment.