CITY PLACE SURGERY CENTER

845 N. New Ballas Ct., Ste. 100 • Creve Coeur, MO 63141-7148
Phone: (314) 872-7100 • Fax: (314) 872-0929
www.cityplacesurgery.com

Your Rights and Responsibilities as a City Place Surgery Center Patient

To listen to this information via phone, call 866-696-6532 *(toll free).*
Press 1 for English or 2 for Spanish

You have the Right as a patient or client or patient's representative or surrogate in the case of a minor.

- To receive care that respects your individual, cultural, spiritual and social values, regardless of race, color, creed, nationality, age, gender, disability or source of payment.
- To request and receive medically appropriate treatment and services within the surgery facility's capacity and mission and to know what services are available at the organization.
- To receive respectful, considerate, compassionate care that manages your pain as well as possible, and promotes your dignity, privacy, safety and comfort.
- To receive a full explanation, in understandable language, of diagnosis, evaluation, treatment and prognosis in terms that are easily understood and that include benefits, risks involved, significant complications, and the outcome and alternative treatments available.
- When 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. This person shall receive all of the patient rights and responsibilities and shall exercise these rights.
- To expect that efforts will be made to provide you with the best of care during and after your procedure.
- To know at all times the identity and professional status of all individuals providing any type of service. To request a second opinion or change physicians if other qualified providers are available. To know the credentials of the health care professionals providing your care. To be aware that the facility and its healthcare providers have malpractice insurance coverage.
- To participate in the decisions about your medical care and receive prompt/reasonable responses to questions or requests, except when such participation is contraindicated for medical reasons. To accept or refuse recommended tests or treatments, to the extent the law permits. To refuse to sign a consent form if there is anything you do not understand or agree to. To change your mind about any procedure to which you have consented.
- To receive services that are accessible to those individuals with communications barriers such as visual impairment, hearing impairments, communication disorders, inability to read or follow directions, and non-English speakers.
- To be informed and to give or withhold consent if our facility proposes to engage in or perform research associated with your care or treatment.
- To be informed of Advance Directives specific to the state of operation.
- To expect that your advance directives/living will is honored when ethically possible and in accordance with state law.

  However; the facility WILL NOT honor a **DNR** (**Do Not Resuscitate**). In an emergency, we will act to employ all life saving measures while you are under our care and arrangements will be made for your transfer to a hospital that will follow your Power of Attorney.
- To have patient disclosures and records treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.
- To receive marketing materials from the facility that are accurate and not misleading; to receive accurate reflection of the facility's accreditation standing with AAAHC.
- To be made aware of our fee for services and payment policies.
- The right to voice grievances, written and/or verbal regarding treatment or care that is (or fails to be) furnished.

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- To be informed of available resources for resolving disputes, grievances, and conflicts; without fear of reprisal, and to be free from all forms of abuse (Verbal, Mental, Sexual, or Physical) mistreatment, neglect, harassment, or discrimination, and have access to facility level, state and federal assistance in clarifying ethical issues guiding treatment decisions.
- To know that all alleged violations/grievances will be fully documented.
- To know that all allegations must be immediately reported to a person in authority in the ASC.
- To know that only substantiated allegations must be reported to the State authority or the local authority, or both. To participate in the resolution of those issues.
- To ask that your medical record be corrected if you believe it is not accurate or not complete, or to be told how to add a statement that you disagree with information in the record.

PATIENT RESPONSIBILITIES

These responsibilities apply to patients, family members, significant others, and/or decision-makers when they are acting for the patient.

You have the Responsibility:

- To answer questions about your past illnesses, hospital stays, medicines, and other health matters when asked by a doctor or staff member; to include over-the-counter products, dietary supplements and any allergies or sensitivities. To cooperate with doctors and staff during your visit; and participate in your healthcare at the facility.
- To seek clarification when necessary to fully understand your health problems and proposed plan of action. To make known to your physician, caregiver, and surgery facility, any advance directives or religious/cultural beliefs to be honored. However; the facility WILL NOT honor a **DNR (Do Not Resuscitate**). In an emergency, we will act to employ all life saving measures while you are under our care and arrangements will be made for your transfer to a hospital that will follow your Power of Attorney.
- To follow the treatment plan and participate in the plan of care as ordered by the physician responsible for care. The consequences of non-compliance or refusal of recommended treatment and instruction rests with you.
- To follow rules and regulations affecting patient care, confidentiality, conduct and safety. To report any perceived safety issue to any staff member.
- To be considerate of the rights of others. To be respectful of all health care providers and staff, as well as other patients.
- To provide information for insurance claims and for working with our business office to make payment arrangements when necessary.
- To accept personal financial responsibility for any charges not covered by your insurance.
- To provide a responsible adult to transport you home from the facility and remain with you for 24 hours if required by your provider.

This facility does not provide after hours care, or emergency care.

Grievance Filing Contact Information:

Facility: Administrator (314) 872-7100

State: Missouri Department of Health & Senior Services
(573) 751-6303 / Email: complaint@dhss.mo.gov
P.O. Box 570 / Jefferson City, MO 65102

Federal: http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html
(800) 633-4227