

RESTON SURGERY CENTER
1860 Town Center Drive, Suite G100
Reston, VA 20190

***YOU MUST SPEAK TO THE PREOP
NURSE PRIOR TO SURGERY -
YOUR SURGERY MAY BE CANCELLED
IF YOU FAIL TO DO SO**

Patient Rights and Responsibilities

Reston Surgery Center's team of staff and physicians is dedicated to providing quality, personalized healthcare to the members of our community. While you are at the Surgery Center, your rights include the following:

- Be informed of your rights as a patient in advance of receiving care. You may appoint a representative to receive this information should you so desire.
- Ability to exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.
- Considerate, respectful and dignified care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Access protective and advocacy services or have these services accessed on the your behalf.
- Appropriate assessment and management of pain.
- Knowledge of the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and healthcare providers who will see you. You have a right to change providers if other qualified providers are available.
- Be advised if the physician has a financial interest in the surgery center.
- Be advised as to the absence of malpractice coverage.
- Receive complete information from your physician about your illness, course of treatment, alternative treatments, outcomes of care (including unanticipated outcomes), and your prospects for recovery in terms that you can understand.
- Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.
- Participate in the development and implementation of your plan of care and actively participate in decisions regarding your medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Be informed of the facility's policy and state regulations regarding advance directives

and be provided advance directive forms if requested.

- Full consideration of privacy concerning your medical care. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual involved in your healthcare.
- Confidential treatment of all communications and records pertaining to your care and your stay at the facility. Your written permission will be obtained before your medical records can be made available to anyone not directly concerned with your care.
- Receive information in a manner that you understand. Communications with you will be effective and provided in a manner that facilitates understanding by you. Written information provided will be appropriate to your age, understanding and, as appropriate, your language. Communications specific to your vision, speech, hearing cognition and language-impairment will be appropriate to the impairment.
- Access information contained in your medical record within a reasonable time frame.
- Be advised of the facility's grievance process, should you wish to communicate a concern regarding the quality of the care you receive. Notification of the grievance process includes: whom to contact to file a grievance, and that you will be provided with a written notice of the grievance determination that contains the name of the facility's contact person, the steps taken on your behalf to investigate the grievance, the results of the grievance and the grievance completion date.
- Be advised of contact information for the state agency to whom complaints can be reported, as well as contact information for the Office of the Medicare Beneficiary Ombudsman.
- Be advised if facility/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects. Refusal to participate or discontinuation of participation will not compromise your right to access care, treatment or services.
- Full support and respect of all your rights should you choose to participate in research, investigation and/or clinical trials. This includes your right to a full informed consent process as it relates to the research, investigation and/or clinical trial. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s).
- Be informed by your physician or a delegate of your physician of the continuing healthcare requirements following your discharge from the facility.
- Examine and receive an explanation of your bill regardless of source of payment.
- Know which facility rules and policies apply to your conduct while a patient.

- Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf.

Patient Informed Consent:

You have the right as a patient to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be performed so that you may make the decision whether or not to undergo the procedure after knowing the risks, benefits, and alternatives. Your physician should discuss these with you prior to the procedure and give you the opportunity to ask any questions that you may have. A member of the surgery center staff will also review this information with you to ensure your full understanding.

Advance Directive Notification:

All adults in the state of Virginia have the right to prepare a document called an “Advance Directive” to put their wishes regarding medical care in writing. An Advance Directive lets other people know the types of medical care you do and do not want in the event you are unable to express your wishes on your own. You may authorize another person to make decisions for you if you become incapable of making informed health care decisions for yourself. This authorization is called a “Power of Attorney for Health Care.” You may also state what kinds of life-prolonging treatment you want or do not want if you are diagnosed as having a terminal condition and you are unable to express your own wishes. The legal term for this is a “living will.”

We do not honor a “Do Not Resuscitate” Advance Directive at Reston Surgery Center. The Center’s policy, regardless of the presence of an Advance Directive, is that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. Your agreement with Reston Surgery’s policy will not revoke or invalidate any current health care directive or health care power of attorney.

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

If you do not agree with Reston Surgery Center’s policy, we will be pleased to assist you in rescheduling your procedure.

Patient Complaint or Grievance

- If you have a problem or complaint, please speak to the receptionist or your care giver. We will address your concern(s) promptly.
- If necessary, your problem or complaint will be advanced to the Administrator and/or Quality Assurance Coordinator for resolution. You will receive a letter or phone call to inform you of the actions taken to address your complaint.
- If you are not satisfied with the response of the Surgery Center, you may contact:

Virginia Department of Health @ 1-800-955-1819
9960 Maryland Drive, Suite 401
Richmond, VA 23230-1463

- All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at: www.cms.hhs.gov/center/ombudsman.asp 1-800-633-4227

Patient Responsibilities:

The care a patient receives depends partially on the patient himself. Therefore, your patient responsibilities are presented in the spirit of mutual trust and respect:

- Provide accurate and complete information concerning your present complaints, past illnesses, hospitalizations, medications (including over the counter products and dietary supplements), allergies and sensitivities and other matters relating to your health.
- Ask questions when you do not understand what you have been told about your care or what you are expected to do.
- Follow the treatment plan established by your physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- Keep appointments and notify the facility or physician when you are unable to do so.
- Provide a responsible adult to transport you home from the facility and remain with you for 24 hours unless exempted from that requirement by the attending physician.
- In the case of pediatric patients, a parent or guardian is to remain in the facility for the duration of the patient's stay in the facility.
- Responsible for your actions should you refuse treatment or not follow your physician's orders.
- Assure that the financial obligations of your care are fulfilled as promptly as possible.
- Follow facility policies and procedures.
- Inform the facility about your advance directives.
- Be considerate of the rights of other patients and facility personnel.
- Respectful of your personal property and that of other persons in the facility.

Disclosure of Ownership

- Physician does** have a financial interest in this facility
- Physician does not** have a financial interest in this facility

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE RECEIVED THIS INFORMATION, READ AND UNDERSTAND IT'S CONTENTS AND IT HAS BEEN REVIEWED VERBALLY PRIOR TO THE DATE OF SURGERY.

Signature: _____ Date received and reviewed: _____