

# Your Rights as a Patient

We consider you a partner in your care. When you are well informed, participate in treatment decisions, and openly communicate with your doctor and other health care professionals, you help make your care as effective as possible. Our Surgical Center encourages respect for the personal preferences and values of each individual. These rights apply to your representative in the event you are unable to exercise them.

## Patient Rights include the following:

You have the right to considerate and respectful care in a safe setting.

You have the right to receive compassionate care that respects your personal, spiritual, cultural and religious values and beliefs.

You have the right to privacy. The Surgical Center, your doctor and others caring for you will protect your privacy as much as possible.

You have the right to have your pain assessed and managed appropriately.

You have the right to be free from any act of discrimination or reprisal.

You have the right to be free from all forms of abuse or harassment.

**You have the right** to be well informed about your illness, possible treatments and outcomes and to discuss this information with your doctor in a manner that is understandable to you.

You have the right to know the names and roles of people treating you.

You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the Surgical Center releases records to others, such as insurers, it emphasizes that the records are confidential.

You have the right to review your medical records and to have the information explained, except when restricted by law.

**You have the right** to consent to or refuse any treatment or plan of care, as permitted by law. If you refuse a recommended treatment, you will receive other needed and available care.

**You have the right** to have an advance directive, such as a living will or health care proxy. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself.

**You have the right** to expect that the Surgical Center will give you the necessary health services to the best of its ability. Treatment, referral or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits and alternatives.

You have the right to know if the Surgical Center has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care facilities or providers.

You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the Surgical Center otherwise provides. You have the right to refuse to be examined, observed or treated by students or any other facility staff without jeopardizing access to medical care and attention.

You have the right to know about Surgical Center rules that affect you and your treatment and about charges and payment methods.

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You have the right to review your bill, have the information explained to you, and get a copy of the bill.

**You have the right** to know about the Surgical Center's patient complaint and grievance processes that can help you promptly resolve problems and questions you may have about your care. You are encouraged to talk with your doctor, nurse, health care worker or an Administrator if you feel that you are not being treated in a fair and proper manner.

# You have responsibilities as a patient.

**You** are responsible for providing information about your health, including past illnesses, and operations, hospital stays and use of medicine including any over-the-counter products and dietary supplements, and any allergies or sensitivities. You are responsible to ask questions when you do not understand information or instructions. If you believe you will not be able to follow through with your treatment, you must tell your physician.

**You** and your visitors are responsible for being considerate of the needs of other patients and staff. You are responsible to observe smoking regulations and refrain from using cell phones in a way that may disturb others.

**You** are responsible for providing insurance information and for working with the Surgical Center to arrange payment, when needed.

**You** are required to provide a responsible adult to transport you home from the surgical center and remain with you for 24 hours if required by your provider.

**Your** health depends on the decisions you make in daily life. You are responsible for recognizing the effect of lifestyle on personal health.

You have the responsibility to participate actively in your follow-up care.

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## <u>Grievance process</u>

### If you feel you have not been treated fairly and want to file a complaint, you may call or write:

| John Steriti MD, Medical Director             |
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| Orthopedic Surgical Center of the North Shore |
| One Orthopedics Drive                         |
| Peabody, MA 019600                            |
| 978-818- 6500 x 503                           |
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Jarett Landman, Chief Executive Officer Orthopedic Surgical Center of the North Shore One Orthopedics Drive Peabody, MA 01960 978-818-6500 x 517 Ellen Rostron,MBA,CASC, Business Admin Orthopedic Surgical Center of the North Shore One Orthopedics Drive Peabody, MA 01960 978-818-6500 x 514

If you still feel that your issue has not been resolved, you may wish to contact:The Orthopedic Surgical Center Board of Managers:David Fehnel MDJonathan Uroskie MDBojan Zoric, MD1 Orthopedics DrivePeabody, MA 01960978-818-6350 (physician's office)

### Information to file a complaint:

Massachusetts Department of Public Health 99 Chauncy St 2<sup>nd</sup> floor Boston, MA 02111 617-753-8000 Website for Medicare Beneficiaries www.BFCCQIOArea1.com 866-815-5440

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