



PATIENT BILL OF RIGHTS/RESPONSIBILITIES

As a patient in New York State you have the right, consistent with law to:

1. Understand and use these rights. If for any reason you do not understand or need help, the Ambulatory Surgery Center of Western New York (ASC of WNY) **MUST** provide assistance, including an interpreter.
2. Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor.
3. Receive considerate and respectful care in a safe and private environment, free from all forms of abuse or harassment.
4. Be informed of the services available at the ASC of WNY.
5. Be informed of the provisions for off-hour emergency coverage.
6. Be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care.
7. Receive written notice of ownership prior to receiving services at the ASC of WNY.
8. Receive an itemized bill and explanation of all charges upon request.
9. Be informed of the name and position of the doctor who will be in charge of your care at the ASC of WNY.
10. Know the name, positions and functions of any staff involved in your care and refuse their treatment, examination or observation.
11. A no smoking environment.
12. Receive complete information about your diagnosis, treatment and prognosis.
13. Voice grievances regarding treatment or care that is or fails to be furnished.
14. Express complaints about the care and services provided and have the center investigate such complaints. The center is responsible for providing the patient and/or designee with a written response within 30 days.
15. Be fully informed about a treatment or procedure and expected outcome before it is performed, as well as any alternatives for care or treatment if any, including any alternatives to treatment if any in order for the patient to make a knowledgeable decision. Receive the necessary information necessary to give informed consent prior to the start of a procedure, treatment or both. Informed

consent shall include information on the specific procedure/treatment, any foreseeable risks and alternatives for care and treatment.

16. Receive all the information you need regarding advanced directives and notification that you will be resuscitated. You also have the right to designate an individual to give consent for you if you are too ill to do so.
17. Make known your wishes in regard to anatomical gifts. You may document your wishes in your Health Care Proxy which is available from the ASC of WNY.
18. Refuse treatment and be told what effect this may have on your health.
19. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
20. Privacy while in the ASC of WNY and confidentiality of all information and records regarding your care.
21. The ability to authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors at the ASC of WNY.
22. Approve or refuse the release or disclosure of the contents of his/her medical record to any health care practitioner and/or health care facility except as required by law or third-party payment contract.
23. Participate in all decisions about your treatment and discharge from the ASC of WNY. The ASC of WNY must provide you with a written discharge plan.
24. Review your medical record without charge. Obtain a copy of your medical record for which the ASC of WNY can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
25. To file a complaint if you are not happy with the care you receive at the ASC. To file a complaint you can contact the Administrator at:

ASC of WNY
3112 Sheridan Drive
Amherst, NY 14226
(716)831-9435

You can also contact:

New York State Department of Health
Centralized Hospital Intake Program
433 River Street, Suite 303
Troy, New York 12180-2299
1-800-804-5447

-or-

The Office of the Medicare Ombudsman

<http://www.medicare.gov/Ombudsman/resources.asp> The Medicare Ombudsman is there to ensure that you, as a Medicare beneficiary receive the information and help you need to understand your Medicare options and to apply your Medicare rights and protections.

19. Exercise their rights without being subjected to discrimination or reprisal.



PATIENT RESPONSIBILITIES

Quality health care is the result of good teamwork. As a patient in our Surgery Center we ask that you;

1. Indicate if you feel your privacy is being violated.
2. Be on time for appointments.
3. Tell us if you do not understand or cannot follow instructions.
4. Indicate if you feel your safety is being threatened.
5. Provide complete and accurate information to the best of your ability.
6. Cooperate with and be respectful of our staff.
7. Accept personal financial responsibility for any charges not covered by your insurance.
8. File a grievance per outlined procedure.