

# New England Surgery Center, LLC

## PATIENT BILL OF RIGHTS

1. To expect to be treated with respect, consideration and dignity by competent personnel.
2. To be assured confidential treatment of disclosure of records and afforded the opportunity to approve or refuse the release of such information, except as otherwise permitted by law or third party payment contract and when law requires release.
3. To have access to the information contained in his medical records, unless access is specifically restricted by the attending practitioner for medical reasons.
4. To consideration of privacy concerning his own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.
5. To know the name and function of any person providing healthcare services to the patient.
6. To know what ASC rules and regulations apply to his conduct as a patient.
7. To expect emergency procedures to be implemented without unnecessary delay.
8. To good quality care and high professional standards that are continually maintained and reviewed.
9. To know names and professional relationships of other physicians who may care for him in the absence of his attending physician.
10. To be provided, to the degree known, in layman's terms information concerning his diagnosis, treatment and prognosis. When it is not medically advisable to give such information to the patient, the information will be made available to an appropriate person on his behalf.
11. Except for emergencies, to have been given the necessary informed consent prior to the start of a procedure.
12. To have the opportunity to participate in decisions involving his healthcare.
13. To request a second opinion.
14. To expect reasonable response to any reasonable requests he may make for service.
15. To refuse treatment (drugs, procedures, etc.) to the extent permitted by law and to be informed of the medical consequences of his actions.
16. To expect communication in the language which he understands.
17. To expect treatment without regard to race, color, creed, religion, sex, national origin or source of payment, except for fiscal capability thereof.
18. To expect good management techniques to be implemented within the ASF. These techniques shall make effective use of the time of the patient and avoid the personal discomfort of the patient.
19. In the event of a transfer to another ASC or hospital, the responsible person will be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
20. To know services available, such as provisions for after-hours or emergency care, educational material available and policies concerning payment of fees.

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21. To expect that the ASC will provide information for continuing health care requirements following discharge and the means for meeting them.
22. To examine and receive an explanation of his bill, regardless of the source of payment.  
To expect reasonable continuity of care and how to know in advance the time and location of appointments.
23. To designate any area where he is cared for or treated as non-smoking areas.
24. To leave the Facility even against the advice of his physician.
25. To have all patients's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
26. To be informed of his rights at the time of admission.

## **PATIENT RESPONSIBILITY STATEMENT**

1. To provide to the best of his knowledge accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his health.
2. To participate in health care decisions and for following the treatment plan outlined by the practitioner responsible for his care. This includes following instructions of the physicians, nurses and other healthcare personnel carrying out the plan of care and enforcing the Facility's rules and regulations.
3. For ensuring that the financial obligations of his healthcare are fulfilled as promptly as possible, and in the case of financial difficulty, making all reasonable efforts to meet any agreed-upon financial payment plan.
4. For his actions if he refuses treatment or is non-compliant in following a plan of treatment recommended by his physician.
5. To know the rules and regulations of the Facility affecting his care and conduct, and for following that Facility's rules and regulations.
6. For being considerate of the rights of other patients and Facility personnel, and for assisting in the control of noise and smoking.
7. For being respectful of the property of other persons and of the Facility.
8. To make known to his physician, attending nurse or other healthcare personnel any concerns or complaints he may have.
9. To make sure he understands all information regarding the implications of his symptoms, his surgery or procedure (if applicable) and any risks related to having or declining such surgery or procedure, the expected outcomes of the plan of care outlined by this physician, and his responsibilities with regard to that plan of care.

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Should you have any grievances, questions or concerns, please feel free to contact the Facility Administrator:

New England Surgery Center  
900 Cummings Center Ste 117T  
Beverly, MA 01915  
Phone: 978 232 9400  
Fax: 978.232.9405

In addition, grievances and/or concerns may also be directed to:

MA Department of Health  
Division of Health Care Quality  
Complaint Unit  
99 Chauncy Street  
Boston, Massachusetts 02111

If you are a Medicare Beneficiary, you may Contact the Medicare Ombudsman by calling:

1-800-MEDICARE or visit <http://www.cms.hhs.gov/center/ombudsman.asp>

### **MASSACHUSETTS ADVANCE DIRECTIVES (HEALTH CARE PROXY)**

Information can be found at: [http://www.hospicefed.org/hospice\\_pages/proxy.htm](http://www.hospicefed.org/hospice_pages/proxy.htm)

The form can be downloaded at: [http://www.hospicefed.org/hospice\\_pages/proxyform.htm](http://www.hospicefed.org/hospice_pages/proxyform.htm)