



The Center has adopted the following policies in regard to Patient's Rights and Responsibilities.

Patient Bill of Rights

You Have the Right to:

- Receive care in a respectful and courteous manner. Not to be discriminated against and to receive care in a safe setting free from all forms of abuse or harassment.
- Receive personal privacy concerning your medical care. 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 of Third-Party-Payment contract and when law requires release.
- Know the names and functions of the employees and the medical staff members who treat you.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Voice grievances regarding treatment or care that is, or fails to be, furnished.
- Have the opportunity to participate in decisions involving your health care.
- Request a second opinion.
- Expect reasonable response to any reasonable requests you may make for service.
- Refuse treatment to the extent permitted by law and to be informed of the medical consequences of your action.
- Receive a level of care that incorporates an appropriate assessment and management of pain.
- Have pain assessed and appropriately managed during all phases of care.
- To be free from physical or chemical restraints except as specified in AS 47.30.825 or 7AAC12,258.
- Be evaluated for appropriate testing if there are specific significant problems and, if deemed necessary, testing will be ordered.
- Expect communication in the language which you understand free of charge.
- Expect treatment without regard to race, color, creed, religion, sex, national origin or source of payment, except for fiscal capability thereof.
- Know services available, such as provisions for after hours or emergency care, educational material available and policies concerning payment of fees.
- Examine and receive an explanation of your bill, regardless of the source of payment.
- Expect reasonable continuity of care and how to know in advance the time and location of appointments.
- Know that this center is privately owned and managed by a group of physicians who have been credentialed to work here.
- Know that The Surgery Center of Fairbanks recognizes the healthcare agent of the patient should circumstances require, but it is also the policy of the Center, to respond to any emergency or cardiac arrest in such a manner to save the life of the patient. The Center will always attempt to resuscitate a patient and transfer the patient to a hospital in the event of deterioration. However, you may notify staff regarding any advance directives you have in place. You may bring a copy of your advanced directives with you. That information will be passed along with your medical chart in the event that you must be transferred to another facility. If you do not have an advanced directive, the State law and forms for this issue are provided on the State of Alaska website under "Advance Directives" <http://dhss.alaska.gov/dph/Director/Pages/LivingWill.aspx>
- Leave The Surgery Center even against the advice of your physician (AMA discharge form available).
- Have your rights apply to the person appointed under State law to act on your behalf to make medical care decisions for you.
- Know what responsibilities you have as a patient.

Patient Responsibilities

- To provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- To participate in health care decisions and for following the treatment plan outlined by the practitioner responsible for your care. This includes following instructions of the physicians, nurses and other health care personnel carrying out the plan of care and enforcing The Surgery Center's rules and regulations.
- For being considerate of the rights of other patients and The Surgery Center's personnel, assisting in the control of noise and observation of The Surgery Center's "No Smoking" policy.
- For being respectful of the property of other persons and of The Surgery Center.
- To make known to your physician, attending nurse, or other healthcare personnel, if you feel your privacy and/or safety is being violated or to make known any concerns or complaints you may have.

Patient Responsibilities (con't)

- For assuring that the financial obligations of your health care 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.
- For your actions, if you refuse treatment or are non-compliant in following a plan of treatment recommended by your physician.
- To make sure you understand all information regarding the implications of your symptoms, your 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 the responsibilities in regards to that plan of care. To know these rules and regulations affecting your care and conduct at The Surgery Center of Fairbanks and for following these rules and regulations while at the Center

Disclosure of Physician Ownership Interest in The Surgery Center of Fairbanks, LLC

Please be advised that Timothy Carey, Tom Hammond, John Huffer, Paul Jensen, Sam Kim, Mark Kowal, Jon Lieberman, Jimmy Tamai, Timothy Teslow and Mark Wade own an interest in the Center.

You are entitled to obtain the services for which you have been referred to The Surgery Center of Fairbanks at the location of your choice.

PATIENT ISSUES OR CONCERNS

The Surgery Center of Fairbanks is committed to quality care and would like to be informed of any concerns related to your care or safety. You may discuss, or place in writing, your concerns with your physician, an employee of The Center or the Administrator. All patient concerns, problems or complaints regarding treatment, service, billing issues and damaged or lost articles will be forwarded to Keli Hite McGee, Administrator, at The Surgery Center of Fairbanks, 907-458-7263 or kmcgee@scfairbanks.com, for investigation and appropriate response. Your grievance will be investigated and responded to in writing within 72 hours.

You have the right to file a grievance if you feel your rights have been violated. It may be directed to the State of Alaska, Health Facilities Licensing and Certification, 4501 Business Park Boulevard, Building L, Suite 24, Anchorage, AK 99503, (907) 334-2483, or toll free (outside Anchorage) at 1-888-387-9387 (outside Anchorage) or <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Patients can submit a complaint to The Joint Commission by [e-mail](#). Your e-mail should include the name and address of the hospital/organization, and a thorough explanation of your complaint. The public can also submit a complaint to The Joint Commission via The Joint Commission's website: www.jointcommission.org. Scroll down to "Filing a Complaint." The Joint Commission also has a complaint telephone number at (800) 994-6610 where you can speak to a Joint Commission representative; however, no complaints are taken over the telephone.

Patients who are Medicare beneficiaries can receive help from the Medicare Beneficiary Ombudsman to receive information about and understand their Medicare options, and to apply their Medicare rights and protections. The website is <https://www.medicare.gov/claims-appeals/your-medicare-rights/get-help-with-your-rights-protections>

I have brought a copy of my Advanced Directive and given a copy to The Surgery Center of Fairbanks.

I do not have an Advanced Directive or did not bring a copy.

I have been informed about an Advanced Directive and where to seek more information.

Patient Signature _____ Date _____

Witness _____ Copy: Provided _____ Declined _____