

Ambulatory Surgery Center of Niagara

PATIENT RIGHTS AND RESPONSIBILITIES

The patient has the right:

- To be treated with courtesy, respect, and consideration with appreciation of his or her individual dignity and with protection and provision of personal privacy as appropriate
- To receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor;
- To an environment that is respectful, safe, and secure for self/person and property without being subjected to discrimination or reprisal
- To confidentiality of information gathered during treatment
- To prompt and reasonable response to questions and requests
- To know who is providing and is responsible for his or her care and their credentials
- To know what patient support services are available, including whether an interpreter is available if he or she does not speak English
- To know what rules and regulations apply to his or her conduct
- To be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- To refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her actions
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care
- To know upon request and in advance of treatment, whether the health care provider or health care Facility accepts their Advance Directives
- To receive upon request, prior to treatment, a reasonable estimate of charges for medical care
- To receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have charges explained
- To receive impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment
- To make known his/her wishes in regard to anatomic gifts. This can be documented in the Health Care Proxy or on a donor card.
- To change their healthcare provider if other qualified providers are available
- To be informed of the provision of off hour emergency care
- To receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment
- To know if medical treatment is for purposes of experimental/research and to give his or her consent or refusal to participate in such experimental research
- To make informed decisions regarding his or her care
- To receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
- To be fully informed about a treatment or procedure and the expected outcome before it is performed
- To approve or refuse their release of confidential disclosures and records, except when release is required by law
- To express grievances regarding their treatment or care that is or fails to be furnished or regarding any violation of his or her rights.
- To participate in all aspects of health care decisions, unless contraindicated for medical reasons

- To appropriate assessment and management of pain
- If the patient has been adjudged incompetent under applicable state laws by a court of proper jurisdiction, the rights of the patient will be exercised by the person appointed under state law to act on the patient's behalf.
- If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.
- To be free from all forms of abuse or harassment

To express a grievance, the patient may contact the facility by telephone at 716-285-2020, or write a letter to Kimberly Fullone, Privacy Officer, Ambulatory Surgery Center of Niagara, 6500 Porter Road Suite 2030, Niagara Falls, NY 14304.

Patients may call the New York State Department of Health toll-free number at 1-800-804-5447 or by mail at: New York State Department of Health, Centralized Hospital Intake Program, Mailstop: CA/DCS, Empire State Plaza, Albany, NY 12237. You may also file a facility complaint form on the DOH website: <https://apps.health.ny.gov/surveyd8/facility-complaint-form>

Medicare patients may complain to the Medicare program by contacting the Office of the Medicare Ombudsman on their website: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

A patient is responsible:

- For providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications including over-the-counter products and other dietary supplements, allergies and sensitivities and other matters relating to his or her health
- For having a responsible adult to transport him or her home from the facility and to remain with him or her as directed by the provider, or as indicated on discharge instructions.
- For reporting unexpected changes in his or her condition to the health care provider
- For reporting to the healthcare provider whether he or she comprehends a contemplated course of action and what is expected of him or her
- For following the treatment plan prescribed/recommended by the health care provider and participate in his or her care
- For keeping appointments and when he or she is unable to do so for any reason, for notifying the Facility
- For his or her actions if he or she refuses treatment or does not follow the health care provider's instructions
- For assuring that the financial obligations of his or her health care are fulfilled as promptly as possible
- For accepting personal financial responsibility for any charges not covered by his or her insurance
- For following Facility rules and regulations affecting patient care and conduct
- For consideration and respect of the facility, health care professionals and staff, other patients and property
- For informing his or her provider of any living will, medical power of attorney or other directive that could affect care

Physician Owner's:
Thomas Elmer, MD and Michael Endl, MD

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