

NORTHERN ARIZONA SURGICENTER
PATIENT RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

1. Be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care needs.
2. Participate in decisions involving your health care, except when such participation is contraindicated for medical reasons.
3. Refuse or withdraw consent for treatment or give conditional consent for treatment.
4. Have medical and financial records kept in confidence and be assured that the release of such records shall be by written consent of the patient or the patient's legal representative, except as otherwise required or permitted by law.
5. Be informed of your right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
6. Be informed of the following:
 - a. Proposed surgical procedures and the risks involved and information concerning your diagnosis evaluation, treatment and prognosis;
 - b. Policy on advance directives as required by state or federal law and regulations;
 - c. Policy on patient privacy;
 - d. Costs of services prior to obtaining services or prior to a change in charges for services / payment policies;
 - e. **Physician financial interests or ownership;**
 - f. Notice of third-party coverage;
 - g. **The patient grievance process or the process of expressing suggestions;**see below for resource information**
 - h. After hours and emergency care;
 - i. Information regarding physician/ dentist and facility credentialing, ie: proof of certification, liability coverage etc.

YOU HAVE A RESPONSIBILITY TO:

1. Be honest about everything that relates to you as a patient.
2. Cooperate with your doctor by following directions and asking questions when you do not understand information or instructions.
3. Inform your doctor of any care or medications you are receiving from other doctors.
4. Accept responsibility for your actions when you do not follow directions or refuse treatment.
5. Comply with all financial policies.
6. **Keep us informed of changes in your address, phone number and insurance coverage and provide a copy of your current insurance card.**
7. **Provide a valid and current photographic identification.**

It is the goal of Northern Arizona SurgiCenter to provide excellent care and fully satisfy the needs of our patients. **Please let us know if you have any suggestions, concerns or complaints by contacting our administrator at 928-214-2111 or 800-962-1390.**

**** The following Medicare and Arizona State websites, phone numbers and addresses are provided to assist you in the filing or reporting of a grievance.**

<http://www.cms.hhs.gov/center/ombudsman.asp> 800-633-4227 Medicare Part B P.O. Box 6704, Fargo, ND 58108-6721

<http://azdhs.gov/azsh> click on key contacts 602-220-6012 or 602-220-6428 Patient Rights Ombudsman Human Resource Manager 150 N. 18th Ave. Phoenix, AZ 85007