

PATIENT RIGHTS AND RESPONSIBILITIES

ADVANCE DIRECTIVES



Patient Rights:

As a patient or their legal authorized representative you are entitled to certain rights:

1. You will not be denied appropriate care based on race, religion, cultural variables, gender, sexual orientation, marital status, age, disability, or source of payment.
2. You will be treated with respect and awareness of your individuality and personal needs. This includes the need for privacy, effective pain management and psychosocial, spiritual and cultural differences in an environment that promotes emotional and physical safety.
3. You have the right to be free from all forms of abuse and harassment, including the right to be free from restraints and seclusion, in any form, when used as a means of coercion, discipline, convenience for staff, or retaliation.
4. You will be provided foreign language, visual or hearing impaired, and sign language interpreter services to support effective communication.
5. Your medical record, including all computerized medical information, is kept confidential according to the requirements of state and federal laws. You, or any person authorized by law, shall have access to the your medical record and/or receive a copy upon request.
6. You may know who has overall responsibility for your care.
7. You, or any person authorized by law, will receive information about the your illness, course of treatment, and prognosis for recovery, in terms you can understand, from the appropriate person at the Surgery Center.
8. You have the opportunity to make healthcare decisions in collaboration with your health team members. You may also assign representatives to be involved in your care and designate your visitors.
9. Except in emergencies, consent for treatment will be obtained from you, or those legally authorized to act for you, before participating in research and before any diagnostic and/or surgical procedures are performed.
10. You may refuse treatment to the extent permitted by law and will be informed of the medical consequences of the refusal.
11. You may change Providers, if other qualified Providers are available.
12. Except in emergencies, you may not be transferred to another facility without being given a full explanation for the transfer, without coverage for continuing care, and without acceptance by the receiving institution.
13. You may look at your bill and receive an explanation as needed. You may receive, upon request, information relating to financial assistance.
14. You may make Advanced Directives and appoint an authorized representative to make healthcare decisions on your behalf, as permitted by Wisconsin law and Surgery Center policy.
15. You have the right to know if there has been an unexpected occurrence affecting your plan of care.
16. You have the right to exercise these rights without being subjected to discrimination or punitive action.
17. You have the right to exercise your rights and expect respect for property and person.
If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient are 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.
18. You have the right and are encouraged to voice your concerns regarding treatment or care.

Concerns may be directed to:

Wisconsin Department of Health & Family Services Office of Quality Assurance - Health Service Section
P.O. Box 2969
Madison, WI 53701-2969
608-266-8481

Office of the Medicare Beneficiary Ombudsman
www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html

Patient Responsibilities:

As a patient or their legal authorized representative you are responsible for:

1. Knowing your health insurance coverage and related policies concerning required pre-approvals, co-pays, covered services, hospitals, physicians and providers covered by your insurance plan.
2. Providing complete and accurate information about your health, including present condition, past illnesses, hospitalizations, medications, natural products and vitamin use, and any other matters that pertain to your health.
3. Following the treatment plan recommended by the primary provider involved in your care.
4. You are responsible for your actions if you refuse treatment, leave the facility against the advice of your provider, and/or do not follow your provider's instructions relating to your care.
5. Asking questions if you do not clearly understand the information regarding your procedure and recovery.
6. Notifying your physician, provider, or nurse of any problems or concerns about your prescribed treatment or medication.
7. Providing a responsible adult to transport you home after surgery and an adult to be responsible for you at home after discharge.
8. Providing copies of any Living Will, Power of Attorney, or other Advanced Directives that you would like followed to the Surgery Center, if not in your Electronic Health Record.
9. Observing Surgery Center policies, rules, and regulations including rules on visitors, noise control, and smoking. All are expected to be respectful of other patients, visitors, staff and property.
10. Cooperating with the Surgery Center when making appropriate arrangements for payment of charges for care and treatment, including providing all required information and signing all necessary documents.

Advance Directives

You have the right to make decisions about your health care. This includes the right to accept or refuse medical or surgical treatment. You also have the right to plan and direct the types of healthcare you may receive in the future if you become unable to express your wishes. You can do this by making an Advance Directive document.

Advance Directives are documents that include Power of Attorney for Health Care, Living Will and Financial Power of Attorney for Health Care. These documents legally tell in writing either who you would wish to make your healthcare decisions for you, in the event that you are unable to do so, or provide guidance to your physicians regarding how you would wish your healthcare be decided, in the event that you have a terminal condition or are in a persistent vegetative state.

Advance Directives express your personal wishes and are based upon your beliefs and values. When you complete an Advance Directive, you will consider issues about life-sustaining procedures such as ventilation, feeding tubes, or other procedures you wish or may not wish, in the event you are in a terminal condition or persistent vegetative state. Advance Directives do not include decision-making for mental health issues or treatment.

The Surgery Center respects and upholds your rights under state law to make healthcare decisions, including the right to accept or refuse medical or surgical treatment and the right to formulate Advance Directives.

We will not condition the provision of health care or otherwise discriminate against you based on whether or not you have executed an Advance Directive.

We have adopted a policy on Advance Directives. The following requirements from that policy are applicable to both Powers of Attorney for Health Care and Living Wills.

- If not part of your Electronic Health Record, a Power of Attorney for Health Care or a Living Will must be physically produced at the Surgery Center in order to be given effect.
- Legible photocopies or electronic facsimile copies of an original Power of Attorney for Health Care or of an original Living Will are presumed to be as valid as the original.
- A Power of Attorney for Health Care or Living Will that appears to have been voluntarily executed and witnessed, in accordance with its terms and applicable requirements of Wisconsin law, will be presumed valid.
- The provisions of a valid Power of Attorney for Health Care supersede any directly conflicting provisions of a Living Will.
- In the event of any inconsistency between Surgery Center policy and Wisconsin law, Wisconsin law will control.

There are two ways to make formal Advance Directives in Wisconsin. You can complete either a Living Will and/or Power of Attorney for Health Care document. These forms are available at the Surgery Center or can be obtained from the State of Wisconsin Division of Health. You do not need a lawyer to complete these forms. However, the State of Wisconsin requires two persons to witness your signature on the forms. If you complete the forms at home, the witnesses must be at least 18 years old, not related to you, and not benefiting from your estate. If you have any questions, please feel free to speak with any health care provider.