



# PATIENT RIGHTS AND RESPONSIBILITIES

## PATIENT RIGHTS

### **Decision Making**

You or your representative(s) have the right to:

- Be informed before care is given or discontinued whenever possible.
- Receive complete and current information regarding your health status in terms you can understand.
- Participate in planning for your treatment, care and discharge recommendations.
- Receive an explanation of proposed procedure or treatment, including risks, serious side effects and treatment alternatives, including request for second opinion.
- Make informed decisions regarding care and treatment offered to you.
- Participate in managing your pain effectively.
- Request a specific treatment.
- Refuse or discontinue a treatment to the extent permitted by law and to be informed of the consequences of such refusal.
- Arrangement for transfer to higher level of care (Hospital) should this be necessary, providing full explanation of the need based on your medical condition.
- Have persons of your choice promptly notified of hospital admission.
- Accept, refuse or withdraw from clinical research.
- Choose or change your healthcare provider.
- Receive care and/or a referral according to the urgency of your situation.

### **Quality of Care**

You have the right to:

- Respectful treatment, which recognizes and maintains your dignity and personal values.
- Receiving care in a safe setting.
- Information and identification of all healthcare personnel providing care to you.
- Disclosure of who is primarily responsible for your care.
- Pastoral and/or spiritual support.
- Interpreters and/or special equipment to assist language needs.
- Information about continuing healthcare requirements following discharge.

### **Confidentiality and Privacy**

You have the right to:

- Personal Privacy.
- Personal information being shared only with those who are involved in your care.
- Confidentiality of your medical and billing records.

### **Grievance Process**

You and your representative have the right to:

- Register a complaint with your healthcare providers without a fear of reprisal.
- Contact Administration at phone number provided here within to file a formal grievance.
- Receive a timely response with the results of your complaint (when issued to the Center directly).

Colorado Department of Health 303-692-2904 or email: [hfdintake@cdphe.state.co.us](mailto:hfdintake@cdphe.state.co.us)  
CMS Ombudsman Webpage <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Select inquiries/complaint (Medicare recipients)  
CMS 1-800-MEDICARE (1-800-633-4227)



# PATIENT RIGHTS AND RESPONSIBILITIES

To issue a complaint with the Joint Commission for Accreditation go to <http://www.jointcommission.org>.  
To obtain information about Advance Medical Directives, please visit [www.caringinfo.org](http://www.caringinfo.org) or  
call 1-800-658-8898

## **Advance Directives**

You have the right to know that:

- Patients treated at Foothills Surgery Center are expected to be in reasonably good health and of low surgical/procedure risk; making resuscitation appropriate for conditions of preserving life, until transfer to hospital occurs. I understand that my advance directives will not prevent treatment of a life threatening condition should one occur while I am receiving care at Foothills Surgery Center. In the event of a life threatening condition, I will be treated, stabilized and transferred via EMS to the closest appropriate acute care facility.

## **Access to Medical Records**

You have the right to:

- Review and receive a copy of your Medical Records at any time upon written request.

## **Seclusion and Restraints**

You have the right to:

- Be free of any sort of restraint unless medically necessary.
- Be free from seclusion or restraint for behavioral management unless there is a need to protect your physical safety or the safety of others.

## **Billing**

You have the right to:

- A complete explanation of your bill.

## PATIENT RESPONSIBILITIES

### **Providing Information**

You have the responsibility to:

- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other health-related matters.
- Report perceived risks in your care and unexpected changes in your condition.
- Ask question regarding your treatment plan to become informed before decisions are made.
- Provide accurate and updated demographic and contact information for insurance and billing.

### **Involvement**

You have the responsibility to:

- Actively participate in your treatment by following your recommended treatment plan.

### **Respect and Consideration**

You have the responsibility to:

- Act in a respectful and considerate manner toward healthcare providers, other patients, and visitors; physical or verbal threats or conduct which is disruptive to business operations will not tolerated.
- Be respectful of the possessions or property of others.
- Be mindful of noise levels.



# PATIENT RIGHTS AND RESPONSIBILITIES

## **Insurance Billing**

You have the responsibility to:

- Know the extent of your insurance coverage.
- Know your insurance requirements such as pre-authorization, deductibles and co-payments.
- Call the billing office with questions or concerns regarding your bill.
- Fulfill your financial obligations as promptly as possible.

**Your physician may have a financial interest in this Surgery Center.**

The Foothills Surgery is a joint venture between:

BOULDER COMMUNITY HOSPITAL

AND

GREG ARENDS, MD

JAMES CLARK, MD

RICHARD FOX, MD

DAVID GRAUER, MD

CHARLES JONES, MD

DONALD KELLER, MD

SAM MELOUK, MD

LEE NELSON, MD

BRIAN NICHOLS, MD

JAMES REID, MD

RICHARD STEWART, MD

JORDAN STOLL, MD

ALAN VILLAVICENCIO, MD

MICHAEL WERTZ, MD

THE PHYSICIANS OF BOULDER MEDICAL CENTER

BOULDER VALLEY EAR, NOSE AND THROAT ASSOCIATES