**DOWNEAST SURGERY CENTER PATIENT RIGHTS & RESPONSIBILITIES**

DOWNEAST SURGERY CENTER is committed to providing comprehensive health care in a manner, which acknowledges the uniqueness and dignity of each patient. We encourage patients and families to have clear knowledge of, and participate in, matters and decisions related to their health care. All patients or their representative will be given a copy of the Patient’s Bill of Rights. This notice will be provided prior to your date of surgery, both verbally and in writing in a language and manner that the patient or their representative can understand.

Every patient has the right to exercise his or her rights without being subjected to discrimination, reprisal, abuse or harassment. Every patient shall have the right to privacy during medical treatment or other rendering of care within the capacity of the facility.

Every patient shall have the right to prompt lifesaving treatment in an emergency without discrimination due to economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment unless such delay can be imposed without risk to his/her health.

Every patient shall have the right to informed consent/decisions about their care to the extent provided by law. Every patient shall have the right to confidentiality of all records and communications to the extent of the law. Every patient shall have all reasonable requests responded to promptly and adequately within the capacity of the facility.

If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under the State law to act on the patient’s behalf. If the state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient’s rights to the extent allowed by the state.

Every patient shall have the right upon request to receive from a person designated by the facility any information which the facility has available relative to financial assistance and free health care.

Every patient shall have the right upon request to receive a copy of the bill or other statement of charges submitted to any third party by the facility for the care of the patient.

No provision of this section relating to confidentiality of records shall be construed to prevent any third-party payer from inspecting and copying in the ordinary course of determining eligibility or entitlement to benefits, any and all records, including a minor or incompetent, for which coverage, benefit, or claim is made provided that such access to records is permitted. No provisions of this section relating to confidentiality of records shall be construed to prevent access to any such records concerning any peer review or utilization review procedures applied and implemented in good faith.

Every Patient has the responsibility to provide complete and accurate information to the best of their ability about his or her health, medications, including over-the-counter products and dietary supplements, and any allergies and sensitivities; follow the treatment plan prescribed by his or her provider and to participate in his or her care; provide a responsible adult to transport the patient home from the ASC and remain with him or her for twenty-four hours if required; inform his or her provider about any living will, medical power of attorney, or other advance directive that could affect his or her care; accept personal financial responsibility for any charges not covered by his or her insurance/third party payer; be respectful of all health care professionals and staff, as well as other patients.

**DESC complies with applicable Federal Civil Rights and does not discriminate on the basis of race, color, national origin, age, disability or sex.**

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| **Contact information** | **Telephone Number** |
| **Manager of Licensing and Certification**  **41 Anthony Avenue, #11 State House Station**  **State Licensing & Certification, Augusta ME** | **1-800-791-4080** |
| **Legal Services for the Elderly** | **1-800-262-2231** |
| **Adult Protective Services** | **1-800-624-8404** |
| **Ombudsman (http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html** | **1-207-621-1079 (To ensure Medicare beneficiaries receive the information and help they need to understand their Medicare options, rights and protections)** |

Reviewed & Signed at PAT Nurses Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_

Reviewed During Phone PAT Nurses Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_

Patient /Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_

Owners of Facility: Timothy Allen, MD; David Branch, MD; Jacob Brooks, DO; P. Alex Green, MD; Garrett R Martin, MD; D.Thompson McGuire, MD; Kenneth Morse, MD; John I B Pyne, MD; Antonios Tsismenakis, MD; Stephen Walsh, MD