



BILL OF RIGHTS

In recognition of the responsibility of this facility in the rendering of patient care these rights are affirmed in the policies and procedures of the: **SUFFOLK SURGERY CENTER**

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his/her physician complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his/her behalf. He / She has the right to know, by name, the physician responsible for coordinating his/her care.
3. The patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of the procedure and/or treatment. Except in emergencies, such information should include but not necessarily be limited to the specific procedures and/or treatments, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information.
4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.
5. The patient has the right to every consideration of his/her privacy concerning his/her own medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in his/her care must have the permission of the patient to be present.
6. The patient has the right to expect that communications and records pertaining to his/her care should be treated as confidential.
7. The patient has the right to expect that within its capacity an ASC must make reasonable response to the request of a patient for services. The Facility must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another health care facility after he/she has received complete information and explanations concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
8. The patient has the right to obtain information as to any relationship of his/her facility to other health care and educational institutions; insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who is treating him/her.
9. The patient has the right to be advised if the facility proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.
10. The patient has the right to expect reasonable continuity of care and to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the facility will provide a mechanism whereby he/she is informed by his/her physician or a delegate of the physician of the patient's health care requirements following discharge.
11. The patient has the right to examine and receive an explanation of his/her bill regardless of the source of payment.

12. The patient has the right to know what Facility rules and regulations apply to his/her conduct as a patient.
13. Policies and procedures shall be developed and implemented regarding the patients' rights. The operator shall have in effect a written statement of patients' rights which is prominently posted in patient care areas and a copy of which is given to the patient. Such statement shall include the patients' right to:
 - a. receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor;
 - b. be informed of the services available at the center;
 - c. be informed of the provisions for off-hour emergency coverage;
 - d. be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
 - e. receive an itemized copy of his/her account statement, upon request;
 - f. voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
 - g. Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient including findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center's response, the patient may complain to the New York State Department of Health's Office of Health Systems Management or by calling (631) 851-4300;
 - h. approve or refuse the release or disclosure of the contents of his/her medical record to any health care practitioner and/or health care facility except as required by law or third-party payment contract.
 - i. Be informed of their right to change primary or specialty physicians, if other qualified physicians are available
 - j. be provided with appropriate information regarding the absence of malpractice insurance coverageI have received a copy of the Patient's Bill of Rights.

Signature

Date

If you have any questions, comments or complaints regarding the services that you have received at the center, you may contact:

Charles Walters, RN BHA
Administrator, Suffolk Surgery Center
Ph: 631-205-9090
1500 William Floyd Parkway
Shirley, NY 11967

Or

Regional Program Director
NYS Department of Health
Central Islip Field Office
Ph: 631-851-4300
Courthouse Corporate Center
320 Carleton Avenue, suite 5000
Central Islip, NY 11722

Or

Office of Medicare Beneficiary Ombudsman
1-800 Medicare
www.cms.gov/center/ombudsman.asp