

NOTICE of PATIENT RIGHTS

Patient Rights

This medical facility is dedicated to providing the highest quality medical care in a manner that respects your rights. **Under Massachusetts law**, your rights include the following:

- A. Freedom of choice in the selection of a facility, a physician or a health service mode except in the case of emergency medical treatment or as otherwise provided for by contract provided the physician, facility or health service mode is able to accommodate the patient exercising such right of choice
- B. Upon request, to obtain from the facility in charge of his/her care the name and specialty, if any, of the physician or other person responsible for his/her care or the coordination of his/her care
- C. Confidentiality of all records and communications to the extent provided by law
- D. To have all reasonable requests responded to promptly and adequately within the capacity of the facility
- E. Upon request, to obtain an explanation as to the relationship, if any, of the facility to any other health care facility or educational institution insofar as said relationship relates to his/her care or treatment
- F. To obtain from a person designated by the facility a copy of any rules or regulations of the facility which apply to his/her conduct as a patient
- G. 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
- H. Upon request, to inspect his/her medical records and to receive a copy thereof, and the fee for said copy shall be determined according to applicable law except that no fee shall be charged to any applicant, beneficiary or individual representing said applicant or beneficiary for furnishing a medical record if the record is requested for the purpose of supporting a claim or appeal under any provision of the Social Security Act or federal or state financial needs-based benefit program, and the facility shall furnish the medical record requested pursuant to a claim or appeal under any provision of the Social Security Act or any federal or state financial needs-based benefit program within 30 days of the request; provided, however, that any person for whom no fee shall be charged shall present reasonable documentation at the time of such records request that the purpose of said request is to support a claim or appeal under any provision of the Social Security Act or any federal or state financial needs-based benefit program. With respect to any requests for medical records, please note that the facility retains images resulting from procedures performed at the facility for five years after the date of service. The facility retains all medical records, other than images, for a period of 20 years after the date of service
- I. To refuse to be examined, observed, or treated by students or any other facility staff without jeopardizing access to psychiatric, psychological, or other medical care or attention
- J. To refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic
- K. To privacy during medical treatment or other rendering of care within the capacity of the facility
- L. To prompt lifesaving treatment in an emergency without discrimination on account of 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 material risk to his/her health, and this right shall also extend to those persons not already patients or residents of a facility if said facility has a certified emergency care unit
- M. To informed consent to the extend provided by law
- N. Upon request, to receive a copy of an itemized bill or other statement of charges submitted to any third party by the facility for care of the patient, the right to examine any explanation of said bill including third party credits, regardless of the source of payment, and to have a copy of said itemized bill or statement sent to the attending physician of the patient
- O. If refused treatment because of economic status or the lack of a source of payment, the right to prompt and safe transfer to a facility which agrees to receive and treat such patient. Any facility refusing to treat such patient shall be responsible for contacting a facility willing to treat such patient, arranging the transportation, accompanying the patient with necessary and appropriate professional staff to assist in the safety and comfort to the transfer, assuring the receiving facility assumes the necessary care promptly, providing pertinent medical information about the patient's condition and maintaining records of the foregoing
- P. Upon request, to obtain an explanation as to the relationship, if any, of the physician to any other health care facility or educational institutions insofar as said relationship relates to his/her care or treatment, and such explanation shall include said physician's ownership or financial interest, if any, in the facility insofar as said ownership relates to the care or treatment of said patient or resident.

Under Centers for Medicare and Medicaid Services (CMS) regulations, you are given the opportunity to exercise the following additional rights:

- A. To be free from any act of discrimination or reprisal
- B. To voice grievances regarding treatment or care that is or fails to be provided
- C. To be fully informed about a treatment or procedure with the expected outcome before it is performed
- D. To receive care in a safe setting
- E. To be free from all forms of abuse or harassment

If you have a concern regarding your patient rights, you may contact any or all of the following:

The Surgery Center of the Merrimack Valley
10 Research Place, Suite 101
Chelmsford, MA 01863
844-484-4258

Massachusetts Board of Registration in Medicine
178 Albion Street, Suite 330
Wakefield, MA 01880
Tel: 781-876-8200

Massachusetts Department of Public Health
Division of Health Care Quality
67 Forest Street
Marlborough, MA 01752
Tel: 617-753-8000

Accreditation Association for Ambulatory Health Care
5250 Old Orchard Road, Suite 200
Skokie, IL 60077
Tel: 873-853-6060

Center for Medicare and Medicaid Services
Office of the Medicare Beneficiary Ombudsman
7500 Security Boulevard
Baltimore, MD 21244
[Tel: 1-800-MEDICARE](tel:1-800-MEDICARE)

Patient Responsibilities

In order for the facility to provide you with the best care and treatment possible, your responsibilities as a patient include the following:

- A. To provide complete and accurate information regarding your identity, medical history, hospitalizations, medications, and other relevant information
- B. To pay close attention to the care you are receiving and to let the person(s) involved in your care know if you have any problems or concerns
- C. To be considerate and respectful of other patients and the facility's staff
- D. To cooperate with the facility to ensure that financial obligations related to your care are met
- E. To know your health insurance coverage and related policies concerning required pre-approvals, co-pays, covered services, hospitals, physicians and providers covered by your insurance plan
- F. To follow the treatment plan recommended by the primary provider involved in your care
- G. To be 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
- H. To ask questions if you do not clearly understand the information regarding your procedure and recovery
- I. To arrange for an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hour after surgery
- J. To provide copies of any Health Care Proxy or other Advanced Directive that you would like followed to the surgery center.
- K. To observe 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