



## THE CENTER FOR AMBULATORY SURGERY PATIENTS' RESPONSIBILITIES

In addition to rights, a patient has certain responsibilities in the spirit of mutual trust and respect. Patient Responsibilities require you to:

- read and understand all documents and consents you sign. If you do not understand it is your responsibility to ask for clarification. It is expected that you cooperate with personnel and ask questions if directions and/or procedures are not clear.
- answer all medical questions truthfully and to the best of your knowledge and to provide accurate and complete information about your present condition, past illnesses, hospitalizations, medications including over the counter products, dietary supplements, as well as any allergies or sensitivities and any other matters relating to your health.
- report changes in your health, medications or condition to the practitioner.
- report whether you clearly comprehend a contemplated course of action and what is expected of you. You must follow the treatment plan prescribed by your provider.
- be responsible for your actions if treatment is refused.
- provide a responsible adult to transport you home from the facility and remain with you for 24 hours if required by your provider.
- carefully read and follow all post-operative instructions received from your attending physician and nurses including information regarding post-operative follow-up appointments.
- contact your physician directly if you experience any complications following surgery.
- follow The Center's policies, rules and regulations relating to patient care and conduct, including being respectful of all health care providers, staff, other patients, their family members as well as the property of The Center.
- be considerate of the rights of other patients, visitors and Center personnel and assist in the control of noise, unauthorized smoking and the number of visitors. You are expected to be respectful of other person's property and the property of The Center.
- know the extent of your insurance coverage, including preauthorization, deductibles, co-payments and co-insurance.
- meet your financial obligations. It is understood that you assume the financial responsibility of paying for all services rendered either through third-party payers (your insurance company), or being personally responsible for payment for any services which are not covered by your insurance policies. This includes your responsibility to pay your insurer's required co-payment for your outpatient procedure on the day of service. **You should be aware that the amount of your co-payment is determined by your Health insurance carrier, not by The Center.**
- when the patient is a child, adolescent or ward, the parent(s) or legal guardian will assume all of the above rights and responsibilities on behalf of the patient.
- inform your provider about any living will, medical power of attorney or advanced directive that could affect your care.
- duly authorized members of your family or designated/legal representatives are expected to be available to The Center personnel for review of your treatment in the event you are unable to properly communicate with your health care givers. With this in mind, we request that your family/significant other not leave the facility while you are in our care.
- if you feel that any of your rights have been violated or if you have a significant complaint or a suggestion for the improvement of services or quality of care please contact any of the following:

Director of Operations  
Center for Ambulatory Surgery  
550 Orchard Park Road  
West Seneca, NY 14224  
716-677-4400 Ext. 313

NYS Dept. of Health  
Western Regional Office  
584 Delaware Avenue  
Buffalo, NY 14202  
1-800-847-4500

Contact the  
Medicare Ombudsman website at:  
[www.medicare.gov/ombudsman/resources.asp](http://www.medicare.gov/ombudsman/resources.asp)

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## **THE CENTER FOR AMBULATORY SURGERY PATIENTS' RIGHTS**

The New York State Department of Health and CMS require medical facilities to establish policies regarding the rights of patients. As a patient of The Center for Ambulatory Surgery you have the right, consistent with the law, to participate in your care. You have the right to:

- receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor;
- be treated in a safe and clean environment with consideration, respect and dignity including privacy in treatment.
- be informed of the services available at The Center and the names and positions of the health care professionals and refuse their treatment, examination or observation.
- receive emergency care at The Center if needed.
- be informed of the provisions for off-hour emergency coverage.
- be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
- receive an itemized copy of your account statement upon request and an explanation of all charges;
- obtain from your health care practitioner, or the health care practitioner's delegate, complete and current information concerning your diagnosis, treatment and prognosis in terms you can reasonably be expected to understand;
- be informed of the name/position of the physician caring for you and receive from your physician information necessary to give informed consent prior to the start of any non-emergency procedure or treatment or both. An informed consent shall include, at a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
- refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of your action;
- change your provider if other qualified providers are available;
- refuse experimental research. In deciding whether or not to participate you have the right to a full explanation;
- 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;
- privacy and confidentiality of all information and records pertaining to your treatment;
- approve or refuse the release or disclosure of the contents of your medical record to any health care practitioner and/or health care facility except as required by law or third-party contract;
- obtain a copy of your medical record for a reasonable fee pursuant to the provisions of Section 18 of the Public Health Law and subpart 50-3 of this Title;
- authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors;
- make known your wishes in regard to anatomical gifts. You may document your wishes in your Health Care Proxy or on a donor card available from The Center;
- be provided with marketing or advertising information regarding the competence and capabilities of the organization that is not misleading to patients;
- 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 patient's designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The Center is also responsible for notifying the patient or your designee that if you are not satisfied with The Center's response, you may complain to the New York State Department of Health's Office of Health Systems Management:

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