Your rights

This ambulatory surgical facility complies with applicable federal civil rights laws and does not discriminate on the basis of race, religion, sexual orientation, education, national origin, gender, age, disability, physical or mental condition, language, disability, gender identity or who will be treated as a member of a family. Respect, considerate and dignified care - always. You will receive services and care that have been medically suggested and are needed. You will have the opportunity to act on your behalf to assure and protect your patient rights.

Information

You or your legally authorized representative or guardian have the right to:

• Receive information in a way you understand. This includes qualified interpretation and translation services free of charge in the language you prefer for speaking or reading about your healthcare. We will also provide you with help if you have vision, hearing, speech, hearing or cognitive impairment needs.
• Obtain a chart or record on which your personal health information will be used and maintained. Review and make copies of your medical records, upon an oral or written request. Access, request amendment to and receive a copy of your health information in a form of abuse, neglect, exploitation or mistreatment.
• Receive kind, respectful, safe, quality care delivered by skilled and credentialed staff.
• Be involved in decisions about your care and take part in decisions about your care.
• Receive promptness, courteousness based on your own cultural, psychosocial, spiritual, and personal health information needs.
• Receive care from persons who understand.
• Demand care or services that are not medically necessary.

Refuse care. This includes any treatment, drug or procedure against the medical advice of your practitioner.

Information

• You may need to sign your name before the facility will pay your bill. You have the right to safe, respectful, considerate, and dignified care — always. You will receive services and care that have been medically suggested and are needed. You will have the opportunity to act on your behalf to assure and protect your patient rights.

Care planning

You or your legally authorized representative or guardian have the right to:

• Participate in care and participate in decisions about your plan of care after you procedure including at home care upon discharge, or when such brochure is passed upon discharge or to other ambulatory care provider, such as your primary care physician.
• Receive care in a setting free of any form of abuse, neglect, exploitation or mistreatment.
• Receive, kind, respectful, safe, quality care delivered by skilled and credentialed staff.

Cooperation

You or your legally authorized representative or guardian have the right to:

• Provide information about past illnesses, treatments, medications we are giving, blood/blood products are administered, and the presence or absence of an adult care person to the patient or legal guardian.

Communication

You or your legally authorized representative or guardian have the right to:

• Receive information in a way you understand. This includes qualified interpretation and translation services free of charge in the language you prefer for speaking or reading about your healthcare. We will also provide you with help if you have vision, hearing, speech, hearing or cognitive impairment needs.
• Obtain a chart or record on which your personal health information will be used and maintained. Review and make copies of your medical records, upon an oral or written request. Access, request amendment to and receive a copy of your health information in a form of abuse, neglect, exploitation or mistreatment.
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