Patient rights & responsibilities

As a patient of this ambulatory surgical facility, or as a legally authorized representative or guardian of a patient, we want you to know the federal, state, and Pennsylvania laws. We are committed to honoring your rights. You can help meet your needs by taking an active role in your healthcare. We're asking you and your family to share certain responsibilities with us.

Geisinger Gray's Woods Outpatient Surgery
and Geisinger Endoscopy

1000 Forster Street
Montoursville, PA 17754

Your rights

This ambulatory surgical facility complies with applicable federal civil rights laws and does not discriminate on the basis of sex, race, sexual orientation, religion, sexual orientation, income, education, national origin, ancestry, color, age, marital status, gender, disability, gender identity or who will pay your bill. You have the right to safe, respectful care – always. You will receive services and care that have been medically suggested and are within the facility's services, stated mission and required laws and rules.

Care planning

You will always receive care and treatment that is appropriate for you and your condition. We will explain the plan of care after your procedure including at home care. The plan of care will be based on advance or current medical records, the results of tests performed during your procedure, and information provided by you and your family. We will explain the plan of care to you in a way that you understand. If you have special requests related to your care or do not understand a service, you may ask others to leave during sensitive talks or delay discussions until a place is found designed to protect your privacy.

You may tell us about concerns or complaints about the care you receive.

Facility rights

You have the right to:

• T ell us about concerns or complaints about the care you receive.

You must provide us with your name and date of birth. This is per Medicare regulations.

Provider and patient responsibilities

You will have the right to:

• Limit who knows about your being in the hospital.

• Be interviewed and examined, as well as to ask others to leave during sensitive talks or to delay discussions until a place is found designed to protect your privacy.

• Be given a list of the local and regional facilities that share health information with each other.

• Be informed about which medications you are taking and why you are taking them.

• Be involved in all aspects of your care and take responsibility for your own health — and to answer all questions concerning your health. Patients have the responsibility to help control noise and the number of visitors in the facility. As a patient or your legally authorized representative or guardian, we ask that you:

• Provide a copy of your advance directive, living will, and any organ/tissue donation permissions to the healthcare professionals taking care of you.

• Provide information

• Review, obtain, request and receive a detailed explanation of your hospital charges and bills. The facility is responsible for helping patients understand hospital billing.

• Report any condition putting you at risk (e.g., allergic reaction) or unexpected change in your condition.

• Report any unexpected changes in your condition to the healthcare professionals taking care of you.

• Provide a copy of your advance directive, living will, and any organ/tissue donation permissions to the healthcare professionals taking care of you.

• Be involved in all aspects of your care and take responsibility for your own health — and to answer all questions concerning your health.

• Remember to review, obtain, request and receive a detailed explanation of your hospital charges and bills. The facility is responsible for helping patients understand hospital billing.

• Be interviewed and examined, as well as to ask others to leave during sensitive talks or to delay discussions until a place is found designed to protect your privacy.

• Help control noise and the number of visitors in the facility.

• Comply with the facility’s tobacco-free rules. Tobacco including electronic cigarettes are not permitted on Geisinger campuses.

• Refrain from conducting any illegal activity on facility property. This includes respecting the property of other people and the applicable facility rules and regulations. Any illegal activity involving drugs, alcohol, or toxic substances that have not been administratively excluded by the facility, will result in the police being called.

Respect and consideration

As a patient or your legally authorized representative or guardian we ask that you:

• Promote your own safety by becoming an active, involved and informed member of your healthcare team. You may ask your healthcare team, or someone else, to be in attendance for the patient postoperative visit for your name and date of birth. This is per Medicare regulations.

• Be involved in all aspects of your care and take responsibility for your own health — and to answer all questions concerning your health.

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• Be interviewed and examined, as well as to ask others to leave during sensitive talks or to delay discussions until a place is found designed to protect your privacy.

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• Provide a copy of your advance directive, living will, and any organ/tissue donation permissions to the healthcare professionals taking care of you.

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Refusing care

You have the right to refuse treatment within the limits of the law. This right may be limited if your refusal will result in the inability to perform necessary surgery or procedure unless the purpose is needed for your care.

You may refuse treatment and to be informed of the medical consequences for refusal of care.

Death notice

A death notice will be filed by the facility indicating that death occurred at the facility. The facility will report it to the police.

Transportation

You have the right to receive health insurance information needed to process your insurance claims.

You are responsible for paying for the healthcare you receive as promptly as possible.

Cooperation

As a patient or your legally authorized representative or guardian:

• You are expected to follow all applicable rules, regulations, and/or restrictions that are applicable to your condition, to cooperate fully in providing accurate information to process your insurance claims.

• You must provide a copy of your advance directive, living will, and any organ/tissue donation permissions to the healthcare professionals taking care of you.

• You may be asked several times during your visit to confirm your name, date of birth, and identity or expression, sex, sexual orientation, marital status, or race. This is per Medicare regulations.

• Your facilities must keep your personal information that is collected or received about you in a safe and secure manner.

• The facility will not discriminate on the basis of sex, race, sexual orientation, religion, sexual orientation, income, education, national origin, ancestry, color, age, marital status, gender, disability, gender identity or who will pay your bill. You have the right to safe, respectful care – always.

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