

Delaware Surgery Center, LLC
200 Banning Street, Suite 110
Dover, DE 19904
(302)346-4000 Ph
(302)741-2279 Fax

PATIENT BILL OF RIGHTS

Delaware Surgery Center, LLC has established this Patient's Bill of Rights with the goal to provide quality patient care. In order to fulfill that goal, we wish to advise you of those rights, what to expect and what is expected of you as a patient:

This Notice of Patients Rights is in accordance to State Licensing, CMS Conditions of Coverage and AAAHC Accreditation Association.

As a patient, patient representative or surrogate of the patient, you have the right:

1. To be informed and be provide written and verbal information concerning facility rules and regulation related to patient conduct and responsibilities prior to the start of your surgical procedure.
2. To considerate, respectful care, in a safe setting at all times and under all circumstances, with recognition of your personal dignity and to be free from all forms of abuse or harassment.
3. To consideration of personal privacy. Plan of care discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.
4. To receive care without discrimination or reprisal based upon age, race, color, religion, sex, national origin, handicap, disability, source of payment or any other categories protected by state and federal laws
5. To know the identity and professional status of individuals participating in your care, upon request.
6. To be provided language and interpreting services free of charge.
7. To be informed in layman's terms, by my physician information concerning my diagnosis, treatment, and prognosis, including information about alternative treatments and possible complications. In the event that direct communication of this information to you is inadvisable, information will be given to your representative or surrogate.
8. To participate in decisions involving your healthcare, and provide informed consent prior to the procedure, except in the event of an emergency.
9. To make decisions about your medical care, including the right to accept or refuse medical or surgical treatment within the confines of the law, and to be informed of the medical consequences for refusal of care. Should you refuse care, this information will be documented in you medical record.
10. To competent, caring health care providers who act as your advocates.
11. To changed providers, if other qualified providers are available.
12. To know that if an emergency occurs, procedures will be implemented without delay and if necessary you will be transferred to a facility to receive a higher level of care. Should this occur, your representative or surrogate will be notified. Upon transfer, the receiving facility will be provided a copy of your medical record and explanation concerning the reason for the transfer in advance.
13. To convey your advanced directive wishes. Please understand that Delaware Surgery Center is an outpatient facility performing elective procedures. Therefore, advanced directives will not be honored at the center and all resuscitative measures will be implemented. However, a copy of your advanced directives shall be placed in your medical record; and upon transfer to another facility, it will be forwarded with you.
14. To information, instructions and education regarding postoperative care, after hours and emergency care following discharge from the facility.
15. To upon request, you and/or your representative shall have access to the information contained in your medical records; unless access is specifically restricted by the attending practitioner for medical reasons.
16. To expect that all communication and records, (verbal, written, electronic, photographic, digital, etc.) pertaining to your care will be treated as confidential. Except when required by law or third-party contractual arrangements, you have the right to approve or refuse the release of records.

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17. To be informed of fee for services and payment policies upon request, to examine and receive a detailed explanation of your bill for all services.
18. To voice grievances, report any comments, concerns or recommendation with regards to the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments without fear of retaliation.

If at any time you wish to file a patient grievance/complaint with regards to the quality of care or service rendered by this facility, please contact the Center's Director: Jennifer Anderson, Delaware Surgery Center, LLC, 200 Banning Street, Suite 110, Dover, DE 19904; (302) 736-3710.

If the grievance process does not provide you with an acceptable resolution, a formal complaint may be submitted to:

Delaware Office of Health Facilities Licensing and Certification, 263 Chapman Road, Cambridge Building, Suite 200, Newark, DE 19702, (800) 942-7373

Medicare Ombudsman contact: 1-800-MEDICARE or
<https://www.medicare.gov/MedicareComplaintForm/home.aspx>

Accreditation Association for Ambulatory Health Care: notify@aaahc.org

As a Patient, or where applicable your representative or surrogate has the responsibility:

1. To provide, to the best of your knowledge, accurate and complete information about your present and past health status and medical history. To report any unexpected changes in your health condition to the appropriate physician(s).
2. To ask questions when you do not understand your plan of care, treatment, and services being provided to you or what is expected of you as a patient.
3. To follow the treatment plan recommended by your physician, including the instruction of nurses and other professionals as they carry out your physicians' orders.
4. To be respectful, courteous and non-threatening to all staff, physicians and other patients at the facility. If this is breached, we the "facility" have the right to discontinue care and treatment at any time.
5. To providing a responsible adult to transport you home after surgery if you have received medications and/or anesthesia. It is advised that you have responsible adult to stay with you for the first 24 hours after your surgery.
6. For your actions, if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions relating to your care.
7. To assure all financial obligations for services are fulfilled as promptly as possible and to assume ultimate responsibility for payment regardless of insurance coverage.
8. To provide information about and/or copies of your advanced directive/living will, power of attorney, or other directives that you desire us to know.
9. To leave valuables and personal property at home or with a responsible person, and to respect the property of others.

We reserve the right to change this Notice, and to make the revised Notice effective immediately. If there are any changes to the Center's Patient Right and Responsibility policies which affect patients, this Notice will be revised and the revised Notice will be distributed to patients when they arrive for their next appointment.