

PATIENT RIGHTS

Each patient treated at Urology Surgery Center Northwest has the right to:

- Be treated and cared for with respect, consideration, and dignity.
- Be afforded appropriate personal privacy and security.
- Be given verbal and written notice of rights and responsibilities in a language and manner that ensures the patient, the representative or surrogate understands.
- Receive full information in layman's terms concerning appropriate and timely diagnosis, evaluation, treatment, prognosis, and preventive measures; if it is not medically advisable to provide this information to the patient, the information shall be given to the responsible person on his/her behalf.
- Be informed and agree to their care.
- Confidentiality, privacy, security, complaint resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, the facility must document and explain the restrictions to the patient and family.
- To participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- To allow family input in care decisions, in compliance with existing legal directives of the patient or existing court-issued legal orders.
- Receive information on the services, fees, and payment policies of the center.
- Receive information on after-hour and emergency care.
- Obtain information on the center's policy on patient's advanced directives.
- Be provided information on the credentials of the health care professionals at the center.
- Receive information regarding the absence of malpractice insurance, if applicable.
- Voice or file complaints or grievances regarding treatment or care that is (or fails to be) furnished without fear of retribution or denial of care
- Change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Receive an informed consent for the procedure and administration of any anesthetic.
- Be given the name of their attending physician, the names of all other physicians directly assisting in their care, and the names and functions of other health care persons having direct contact with the patient.
- Be given, in writing if requested, a list of physicians who have financial interest or ownership in the center.
- Be free from any act of discrimination or reprisal and to be free from all forms of abuse or harassment.
- Be provided medical and nursing services without discrimination based upon race, religion, color, national origin, sex, age, disability, marital status, or source of payment, nor shall any such care be denied on account of the patient's sexual orientation.
- Receive care in a safe setting by competent and appropriately qualified personnel
- Have records pertaining to their medical care treated as confidential.
- Expect emergency procedures to be implemented without necessary delay.
- The expedient and professional transfer to another facility when medically necessary and to have the responsible person and the facility that the patient is transferred to notified prior to transfer.
- Be provided with, upon written request, access to all information contained in their medical record.
- Refuse drugs or procedures and have a physician explain the medical consequences of the drugs or procedures.
- Be advised of participation in a medical care research program or donor program; the patient shall give consent prior to participation in such a program; a patient may also refuse to continue in a program that has previously given informed consent to participate in.
- Be informed of unanticipated outcomes.
- Receive appropriate and timely follow-up information of abnormal findings and tests.
- Receive appropriate and timely referrals and consultation.
- Receive appropriate and timely complaint resolution.
- Be involved in all aspects of their care including: (i) Refusing care and treatment; and (ii) Resolving problems with care decisions.
- Receive information regarding "continuity of care".
- Expect the absence of clinically unnecessary diagnostic or therapeutic procedures



PATIENT RESPONSIBILITIES

Each patient treated at Urology Surgery Center Northwest has the responsibility to:

- Provide a complete and accurate medical history including medications, over-the counter products, dietary supplements, and any allergies or sensitivities.
- Follow the treatment plan established by the physician, including instructions of nurses and other health care professionals as they carry out the physician's orders.
- Arrange for a responsible adult to drive you home and stay with you for 24 hours after surgery (as may be required by your physician).
- Fulfill financial responsibility, for all services received, as determined by the patient's insurance carrier.
- Provide the surgery center with all information regarding third-party insurance coverage.
- Behave respectfully toward all health care professionals, as well as other patients.
- Keep your appointment and notify the facility if you are unable to do so.
- Read and understand all consents you sign. Please ask questions for clarification before signing consents.
- Carry identification with you.
- Let us know if you don't understand any part of your treatment. Ask questions and take part in your healthcare decisions.
- Let us know when you are having pain or when your pain is not being managed.
- Respect the Surgery Center's property and equipment.

GRIEVANCES AND COMPLAINTS

The Washington Health and Human Services Division investigates consumer complaints regarding health care services received at the facilities it licenses or certifies.

The Washington Department of Health Office of Licensure and Certification encourages all patients who have complaints to contact facility staff with their concerns first. Please contact the facility Administrator, Angela Potter by phone at 509-245-6858 or by email at pottera@spokaneurology.com

If you do not feel your complaint has been resolved to your satisfaction, you may contact Washington Department of Health.

Phone: 360-236-4700

Email: hsqacomplaintintake@doh.wa.gov

Complaint Form: <https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx>

Mailing address:
Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake
P.O. Box 47857
Olympia, WA 98504-7857

OR

Contact the Medicare Ombudsman at the following number: 1-800-633-4227

Or email address:

<http://www.cms.hhs.gov/center/ombudsman.asp>

Facility Complaints can also be filed with out accreditation organization by contacting:

Accreditation Association Ambulatory Health Care (AAHC)

<https://www.aaahc.org/uploads/2021/03/Complaint-Concern-Form-3.5.21.pdf>

Washington Protective Services can be reached

By phone: 1-877-734-6277

By email: apscentralintake@dshs.wa.gov