

PARHAM SURGERY CENTER
Patient's Rights and Responsibilities
PH (804) 591-2200 Fax (804) 591-2236

Tuckahoe Surgery Center's team of staff and physicians is dedicated to providing quality, personalized healthcare to the members of our community.

Our plan of care encompasses all aspects of your surgical experience. Your pre-operative intra-operative and optimal recovery needs will be met to the best of our best ability while you visit our center.

At the Parham Surgery Center your rights include the following:

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| ❖ Safe considerate and respectful care | ❖ Awareness of the potential ownership interest in the facility by your physician |
| ❖ Privacy, personal and informational | ❖ Consultation with a specialist |
| ❖ Be kept well-informed and participate in your healthcare decisions | ❖ Participate in your pain management treatment to enhance your recovery |
| ❖ Know the names and roles of Care-givers | ❖ Consent to or decline to take part in research affecting your care |
| ❖ Be fully informed of risks, benefits, expected outcomes and alternative treatments for scheduled procedures | ❖ Know about center rules that will affect you, your treatment and your payments |
| ❖ Consent to or refuse treatment without being subjected to discrimination or reprisal | ❖ Access protective services |
| ❖ An advance directive, such as a living will, health care proxy, or surrogate decision maker | ❖ Access to an interpreter |
| ❖ Confidentiality of your medical record | ❖ Accommodation of special needs for handicapped or sensory impaired persons |
| ❖ Review your medical record | ❖ Explanation of the need for your transfer to another facility |

We do not honor a "Do Not Resuscitate" advanced directive.

To voice concerns or grievances regarding care received please contact:

PSC Administrator/Nurse Manager @ 804-591-2204

Virginia Department of Health (804) 367-2104 or Toll-Free at 1 (800) 955-1819

Medicare Beneficiary Ombudsman at www.cms.gov/center/ombudsman.asp

Or 1 (800) Medicare

You have the responsibility to:

- ❖ Provide information about your present and past health history and medications
- ❖ Ask questions when you do not understand information or instructions
- ❖ Keep your health care providers informed of your level of discomfort in a timely manner to maximize the effectiveness of your pain management treatment plan
- ❖ Be considerate of the rights of other patients, center staff and center rules and regulations
- ❖ Inform us if you have an advance directive and provide a copy to the center
- ❖ Comply with the treatment plan and instructions for follow-up care
- ❖ Assure financial obligations for healthcare services received are promptly met
- ❖ Inform center personnel if any special needs or accommodations are required

DISCLOSURE OF OWNERSHIP

Physician does have a financial interest in this facility. **Physician does not** have a financial interest in this facility.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE RECEIVED THIS INFORMATION, READ AND UNDERSTAND ITS CONTENTS AND IT HAS BEEN REVIEWED VERBALLY PRIOR TO THE DATE OF SURGERY.

Signature: _____ Date received and reviewed: _____
Printed Name _____ Date of Birth _____ Date of Surgery _____