

**PALOUSE SURGERY CENTER  
PATIENT BILL OF RIGHTS**

**Each patient treated at the Palouse Surgery Center has the right to:**  
You are entitled to receive the following:

1. Considerate and respectful care.
2. Information from your physician regarding your illness, course of treatment and prospects for recovery in terms you can understand.
3. Receive, upon request, the names of all personnel participating in your care.
4. Comprehensive information regarding any proposed procedure that you need in order to give informed consent or to refuse the procedure. Except in emergencies, this information shall include a description of the procedure, the medically significant risks, alternative courses of treatment (or non-treatment) and the risks in each, and the name of the person who will carry out the procedure.
5. Active participation in decisions regarding your medical care.
6. The ability to refuse treatment or leave the Palouse Surgery Center against medical advice while being told of the medical consequences of your refusal. You will not be allowed to leave Palouse Surgery Center under any circumstances following a procedure unless a responsible adult is available in the immediate post-op period that will be driving you home.
7. The application of all patient rights or the person who may have legal responsibility to make decisions regarding medical care on your (the patient's) behalf.
8. Full consideration of privacy and personal dignity. Case discussions, consultation, examination and treatment are confidential and should be conducted discreetly. You will have the right to know the identity of all persons involved in your care.
9. Confidential treatment of all communications and records pertaining to your care and stay at Palouse Surgery Center. Your written permission shall be obtained before your medical records can be made available to anyone not directly concerned with your care.
10. A reasonable response to your request for services customarily rendered by the facility, and consistent with your treatment.
11. Expect reasonable continuity of care and to be informed, by the person responsible for your health care, of possible continuing health care requirements following discharge, if any.
12. Any unanswered concerns on the part of the patient or family, with sufficient notice can be referred to our Compliance Committee for advice.
13. Refuse to participate in research. Human experimentation affecting care or treatment shall be performed only with your informed consent.
14. The right to examine and receive an explanation of your bill regardless of source of payment.
15. Advisement of which Palouse Surgery Center rules and policies apply to your conduct as a patient.
16. The ability to exercise the above rights without regard to your source of payment or sexual, cultural, economical, educational or religious background.
17. Patients are to be informed of their right to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.
18. If you have a complaint against the surgery center call Idaho Dept of Health and Welfare at 1-800-926-2588 or their address at PO Box 83720 Boise, ID 83720. Or you can go to Beneficiary Ombudsman on the Medicare website at [www.medicare.gov/Ombudsman/resources.asp](http://www.medicare.gov/Ombudsman/resources.asp)
19. Notice of policy regarding advance directives: I understand that there are several types of advance directives; the two most common forms are living wills and durable power of attorney designation. I understand that in the ambulatory care setting, if I suffer a cardiac or respiratory arrest or other life-threatening situation, the surgery center will give resuscitation and transfer to a higher level of care. Therefore, in accordance with federal law, the center is notifying you that it will NOT HONOR previously signed advance directives. If this is not acceptable to you, you must address this issue with your physician and anesthesiologist.
20. Palouse Surgery Center is owned by:

Charles Jacobson, MD	Steven Pennington, MD
Lloyd Perino, MD	David Leach, MD
Brad Capawana, DPM	Charles Richards, MD
Ric Minudri, MD	Robert Smith, CRNA
Scott Gray, CRNA	Robert Ellison, CRNA
Gritman Medical Center	Edwin Tingstad, MD

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Patient Signature

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Date