

PATIENT BILL OF RIGHTS

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

1. Considerate, respectful and dignified care in a safe setting.
2. Information from your physician regarding your diagnosis, evaluation, treatment, and prognosis in terms you can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
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 informed 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 Medical Director 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. You have the right to voice grievances regarding your treatment or care that is (or fails to be) furnished to a staff member or the Executive Director at 208-883-1500, 2300 West A Street, Moscow ID. If you have a complaint against the surgery center call Idaho Bureau of Facility Standards at 1-208-334-6626 or their address at PO Box 83720, ID 83720. Or you can go to Beneficiary Ombudsman on the Medicare website <https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>.
19. Notice of policy regarding advance directives: I understand that the physicians and staff at Palouse Surgery Center value and respect our patients' rights to make informed decisions regarding their healthcare. Since surgical procedures performed at Palouse Surgery Center are elective in nature and expected to be of short duration; and since adverse incidents during surgery are not expected, your advance directive will be honored by Palouse Surgery Center with the following State Law permitted limitation: Palouse Surgery Center will always attempt resuscitation and life-sustaining measures until such time the patient can be transferred to the nearest or best choice hospital. A copy of your advance healthcare directive, if provided upon admission to our facility, will be included with your medical records in the event of an unexpected transfer. If this is not acceptable to you, you must address this issue with your physician and anesthesiologist.
20. Free from discrimination, reprisal, all forms of abuse and harassment.
21. Palouse Surgery Center is owned by: Steven Pennington MD, David Leach MD, Edwin Tingstad MD, Kyle Hazelwood MD, Brad Capawana MD, Aaron Vandenbos MD, Robert Ellison CRNA, Edward Winterbottom CRNA, Gritman Medical Center

Patient Signature

Date