



PATIENT RIGHTS AND RESPONSIBILITIES

The Skin Surgery Center wants you, our patient, to have the best possible care as provided by your attending physician. We want you to know what your rights are while you are with us as a patient, as well as what your obligations are to yourself, your doctor and the facility. Notice of patient rights and responsibilities are provided to you, your representative, or surrogate prior to the start of the surgical procedure to be performed at Skin Surgery Center.

As a patient at Skin Surgery Center, you have the right:

1. To considerate and respectful care.
2. To treatment without regard to race, color, age, sex, national origin/cultural, sexual orientation, disability, economic status, education or religion.
3. To know by name the physicians and nurses responsible for coordinating and providing your care.
4. To receive information from your physician about your illness, the course of treatment and prospects for recovery in terms and a language you can understand. When it is medically inadvisable to give such information to a patient, the information is provided to the patient's representative as designated by the patient, to a legally authorized person, or surrogate. The center will provide interpreting and translation services as needed.
5. To receive the necessary information about any proposed treatment or procedure to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment and the risks involved in each.
6. To participate actively in decisions regarding your medical care and include family members or significant others if desired.
7. To change your mind about any procedure for which you have given your consent, provided that you let your physician know of your decision before you have been medicated and to be informed of the possible results of your decision.
8. To be informed of the results of treatment, positive and negative, expected or unexpected and to be informed of your continuing health care requirements.
9. To request, either directly or through your own physician, a consultation from another or additional physicians, if you so desire, at your own expense.
10. To change physicians.
11. To a safe environment that is supported by infection-control and safety practices.
12. To full consideration of privacy concerning your medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly to protect each patient's privacy.
13. To confidential treatment of all communications and records pertaining to your care. Your written permission shall be obtained before your records are made available to anyone not concerned with your care.
14. To access, request amendment to, and obtain information on disclosures of health information, in accordance with law and regulation.
15. To reasonable responses to any reasonable request you make for services.
16. To reasonable continuity of care and to know in advance the time and location of appointments.
17. To be advised as to the reason for the presence of any individual. To know if your care involves the training of health-care providers and the right to agree or refuse to participate in medical training programs or research projects.

18. To formulate advance directives and to appointment of a surrogate to make health care decisions on your behalf to the extent permitted by law. See RCW 70.122, Natural Death Act at <http://apps.leg.wa.gov/rcw> for specific information. Forms for preparing advance directives may be found at www.wsma.org or we will print the forms for you upon request. You have the right to be notified of the center's policy on Advance Directives, as required by state and federal law.

19. To express any grievance you have about your care without fear of jeopardizing their care. You have a right to receive a timely response and, when possible, a timely resolution to any grievance you may express. You have a right to be informed in writing of the response to your concerns. The Skin Surgery Center will investigate all grievances within 10 days of their receipt. If you would like to file a grievance with the Skin Surgery Center, please call 206.346.6647 and ask to speak with the Administrator or mail your written statement:

Attention: Administrator
1229 Madison, Ste. 1480
Seattle, WA 98104

20. To contact the following government agencies to file a grievance:

State of Washington
Department of Health
Health Systems Quality Assurance (HSQA)
Complaint Intake
PO Box 47857
Olympia, WA 98504-7857
360.236.4700
Email: HSQAComplaintIntake@doh.wa.gov

Medicare
Medicare Beneficiary Ombudsman
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> 1.800.663.4227
<http://medicare.gov/claims-and-appeals/file-a-complaint/complaints.html>

If you have complaints that cannot be resolved to your satisfaction, you may contact the Ambulatory Facility Complaint Hotline at 1-800-633-6828.

21. To examine and receive an explanation of your bill regardless of source of payment.

22. To exercise your rights without fear of coercion, discrimination, reprisal, or interruption of care.

Advance Directives: Due to the minimally invasive nature of your treatment at the Skin Surgery Center ASC, the clinical staff will initiate resuscitative or other stabilizing measures and transfer the patient to an acute care hospital for further reevaluation regardless of the contents of an Advanced Directive. At the hospital facility, further treatment or withdrawal of treatment measures already begun, will be ordered in accordance with the patient's wishes. A copy of the patient's advance directive will be transported with the patient if on file in the ASC.

Facility Information:

- Some surgical procedures performed at the Skin Surgery Center are performed in our Ambulatory Surgery Center. This means that you may be charged a facility fee in addition to the fee for your doctor's professional services.
- Notification of Ownership: The Ambulatory Surgery Center is part of the Skin Surgery Center, PS, which is owned by Dr. Peter B. Odland and Dr. Annalisa K. Gorman.

YOUR RESPONSIBILITIES AS A PATIENT:

1. To provide complete and accurate information about your medical history, medications, including over the counter and dietary supplements, allergies or sensitivities, and communication needs.
2. To take part in decisions about your care and to notify your physician or nurse if you do not understand and need further explanation concerning your diagnosis, treatment and prognosis.
3. To provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.
4. To let your physician or nurse know if you do not want someone to be with you.
5. To be respectful of the health care providers and staff, and of the privacy of other patients receiving care.
6. To respect the smoking and telephone policies of the Skin Surgery Center.
7. To give cooperation and follow the care prescribed for you.
8. To meet your financial obligations to the Skin Surgery Center, realizing that your insurance is a contract between you and the insurance carrier. A representative from our Billing Office will be happy to answer your questions. Simply ask for assistance.