

## 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.

### ALL PATIENTS HAVE A RIGHT:

1. To treatment without regard to sex, cultural, economic, educational or religious background or the source of payment for your care.
2. To considerate and respectful care.
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 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.
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, and the name of the person who would carry out the treatment or procedure.
6. To participate actively in decisions regarding your medical care. 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.
7. To request, either directly or through your own physician, a consultation from another or additional physicians, if you so desire
8. To change physicians.
9. To full consideration of privacy concerning your medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
10. 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 his care.
11. To reasonable responses to any reasonable request you make for services.
12. To reasonable continuity of care and to know in advance the time and location of appointments as well as the physician providing the care.
13. To be informed by the physician or physician's designee of your continuing health care requirements.
14. To refuse to participate in medical training programs or research projects.
15. To formulate advance directives and to appoint a surrogate to make health care decisions on your behalf to the extent permitted by law. See RCW 70.122.010 through 70.122.925 at <http://aps.leg.wa.gov/rcw> for specific information. Forms for preparing advance directives may be found at [www.wsma.org](http://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. Skin Surgery Center does not honor advance directives.
16. To have all patient rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.

17. To express any grievance you have about your care without fear of getting poor treatment. 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 mail your written statement to the attention of Administrator, 1229 Madison, Ste. 1480, Seattle, WA 98104 or call 206.346.6647 and ask to speak with the Administrator, Michelle.
18. To contact the following governmental agencies to file a grievance:

**State of Washington**

Department of Health  
HSQA Complaint Intake  
PO Box 47857  
Olympia, WA 98504-7857  
360.236.4700 phone      360.236.2626 fax  
Email: HSQAComplaintIntake@doh.wa.gov

**Medicare**

Medicare Beneficiary Ombudsman  
[www.cms.hhs.gov/center/ombudsman.resources.asp](http://www.cms.hhs.gov/center/ombudsman.resources.asp)  
1.800.633-4227

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

**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. 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.

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

**YOUR RESPONSIBILITIES AS A PATIENT.**

1. To notify your physician or the nurse that you do not understand and need further explanation concerning your diagnosis, treatment and prognosis.
2. To let your physician or nurse know if you do not want someone to be with you.
3. To respect the privacy of other patients receiving surgical or other care.
4. To respect the smoking and telephone policies of the Skin Surgery Center.
5. To give cooperation and follow the care prescribed for you.
6. 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.