



This is a guide to help you understand how FOREST LANDING SURGICAL CENTER (“FLSC”) cares for patients and how you can assist in your own recovery. Our staff will strive to provide you with excellent medical and nursing care, to be considerate of your wishes, to respect your privacy and to preserve your dignity. We work to ensure your independence in making health care decisions and encourage you to express your views and concerns openly with your doctor and

At FOREST LANDING SURGICAL CENTER, we consider you a partner in your own health care and hope you will take an active role in your treatment and recovery. The following information will explain FLSC’s policy on patient rights and responsibilities.

PATIENT RIGHTS AND RESPONSIBILITIES
EVERY PATIENT TREATED BY FOREST LANDING SURGICAL CENTER TO INCLUDE THE
PATIENT’S LEGAL REPRESENTATIVE OR PARENT/GUARDIAN OF MINORS, SHALL HAVE THE
FOLLOWING RIGHTS

- To* be treated with courtesy and respect, with appreciation of his or her individual dignity and with protection of his or her need for privacy.
- To* an environment that is safe and secure for self and property.
- To* confidentiality of information gathered during treatment.
- To* prompt and reasonable response to questions and requests.
- To* know who is providing and is responsible for his or her care.
- To* know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- To* know what rules and regulations apply to his or her conduct.
- To* be given by the health care provider, information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- To* refuse treatment, except as otherwise provided by law.
- To* be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- To* know, upon request and in advance of treatment, whether the health care provider or health care practice accepts the Advance Directives.
- To* receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- To* receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- To* receive impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- To* receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- To* know if medical treatment is for purposes of experimental/research and to give his or her consent or refusal to participate in such experimental research.
- To* express grievances regarding any violation of his or her rights, through the grievance procedure of the health care provider this served him or her.
- To* participate in all aspects of health care decisions, unless contraindicated by concerns for their health.
- To* appropriate assessment and management of pain.

FOREST LANDING SURGICAL CENTER

EVERY PATIENT IS RESPONSIBLE

For providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

For reporting unexpected changes in his or her condition to the healthcare provider.

For reporting to the healthcare provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

For following the treatment plan recommended by the healthcare provider.

For keeping appointments and when he or she is unable to do so for any reason, for notifying the Practice.

For his or her actions if he or she refuses treatment or does not follow the healthcare provider's instructions.

For assuring that the financial obligations of his or her healthcare are fulfilled as promptly as possible.

For following Practice rules and regulations affecting patient care and conduct.

For consideration and respect of the Practice staff and property.

For asking what to expect regarding pain and pain management.

Patient or Legal Guardian Signature

Date

Witness

Date