

## **PATIENT'S RIGHTS AND RESPONSIBILITIES**

### **PATIENT RIGHTS**

#### **Decision Making**

##### **You or your representative has the right to:**

- Be informed before care is given or discontinued whenever possible.
- Receive accurate and current information regarding your health status in terms you can understand, allowing you to make informed decisions.
- Participate in planning for your treatment, care and discharge recommendations. Surrogate whom you may select can represent you if you cannot make your own decisions according to state law.
- Receive an explanation of proposed procedure or treatment; including risks, serious side effects and treatment alternatives, including request for second opinion or specific treatment.
- Participate in managing your pain effectively.
- Refuse or discontinue a treatment to the extent permitted by law and to be informed of the consequences of such refusal.
- Receive emergency care or transfer to higher level of care (hospital) should this be necessary, providing full explanation of the need based on your medical condition & without needing to wait for authorization and without any financial penalty.
- Have persons of your choice promptly notified of hospital admission.
- Write a Living Will, Medical Power of Attorney, and/or a CPR Directive.
- Accept, refuse or withdraw from clinical research.
- Choose or change your healthcare provider.

#### **Quality of Care**

##### **You have the right to:**

- Respectful treatment, which recognizes and maintains your dignity and personal values without discrimination.
- Accurate information about facility where services are received and credentials of health care personnel involved in your care.
- Interpreters and/or special equipment to assist language needs.
- Information about continuing healthcare requirements following discharge, including how to access care after hours.

#### **Confidentiality and Privacy**

##### **You have the right to:**

- Personal privacy and care in a safe setting free from abuse, harassment, discrimination or reprisal.
- Personal information being shared only with those who are involved in your care.
- Confidentiality of your medical and billing records.

#### **Grievance Process**

##### **You or your representative has the right to:**

- Fair, fast and objective review of any complaint you have against your health plan, physician or healthcare personnel without fear of reprisal.
- Submit a formal complaint either verbally or in writing as shown below. You will receive a written notice of decision within 15 business days from when the complaint was made known.

**Northwoods Surgery Center:** Please call 715-358-8600 and ask for a management representative to file a formal grievance.

**Wisconsin Department of Health Services** <http://www.dhs.wisconsin.gov/>

**CMS Ombudsman** <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Select inquiries/complaint (Medicare recipients)

### **Access to Medical Records**

**You have the right to:**

- Speak privately with health care providers knowing your health care information is secure.
- Review and receive a copy of your medical records (including electronic format) upon written request and received within 30 days by secure transmission.

### **Seclusion and Restraints**

**You have the right to:**

- Be free from seclusion or restraint for behavioral management unless medically necessary to protect your physical safety or the safety of others.

### **Billing**

**You have the right to:**

- Information specific to fees for services and payment policies prior to date of services.
- Payment privacy when you choose to opt out of insurance coverage for services.

### **Advance Directives**

You need to be aware that Northwoods Surgery Center does not honor Advance Directives.

- You are able to provide a copy of your Advance Directives for your chart in the event you are transferred to the hospital.
- Upon request a valid Advance Directive Form approved by the State of Wisconsin will be provided for you.
- Information regarding Advance Directives can be obtained from the Wisconsin Department of Health Services at <http://dhs.wisconsin.gov/forms/AdvDirectives/index.htm>

## **PATIENT RESPONSIBILITIES**

### **Providing Information**

**You have the responsibility to:**

- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, current use of prescribed or OTC medications, nutritional supplemental products and other health-related matters.
- Report perceived risks in your care and unexpected changes in your condition.
- Provide an Advance Directive if you have one.
- Provide accurate and updated demographic and contact information for insurance and billing.

### **Involvement**

**You have the responsibility to:**

- Participate in your plan of care and follow the recommended treatment plan
- Ensure you have a designated responsible adult to provide transportation and assist with your care for 24 hours.

### **Respect and Consideration**

**You have the responsibility to:**

- Act in a respectful and considerate manner toward healthcare providers, other patients, and visitors. Physical or verbal threats or conduct which is disruptive to business operations will not be tolerated.
- Be respectful of the possessions or property of others.
- Be mindful of noise levels.

### **Insurance Billing**

**You have the responsibility to:**

- Know the extent of your insurance coverage
- Know your insurance requirements such as pre-authorization, deductibles and co-payments.
- Call the billing office with questions or concerns regarding your bill.
- Fulfill your financial obligations as promptly as possible.
- Contact our Business Office at 715.358.8600 if you have any questions or concerns.

**Your physician may have a financial interest in the Northwoods Surgery Center.  
Northwoods Surgery Center is a joint venture with Aspirus Wausau Hospital,  
Kevin Tadych, M.D., Mark Balas, M.D. and Michel Gelinis, M.D.**