TUCSON
Surgery Center

Tucson Surgery Center
1398 N. Wilmot Road
Tucson, AZ 85712

# YOUR RIGHTS AS A PATIENT:

- EACH PATIENT HAS THE RIGHT TO BE ADMITTED TO THE FACILITY FOR TREATMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX OR ORIGIN.
- TO BE TREATED WITH RESPECT, CONSIDERATION, AND DIGNITY.
- TO EXPECT QUALITY CARE AND SERVICE FROM THIS FACILITY.
- TO KNOW, IN ADVANCE, THE ESTIMATED AMOUNT FOR SERVICES.
- TO BE INFORMED OF YOUR INSURANCE BENEFITS AND COVERAGE AS THEY PERTAIN TO YOUR PROCEDURE INCLUDING THIRD-PARTY PAYORS, MEDICARE, AND ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS).
- TO RECEIVE AN EXPLANATION OF THE FINAL BILL, REGARDLESS OF SOURCE OF PAYMENT.
- TO FULL CONSIDERATION OF PRIVACY CONCERNING YOUR MEDICAL CARE.
- TO INFORMATION CONCERNING YOUR DIAGNOSIS, TREATMENT AND PROGNOSIS, TO THE DEGREE KNOWN, IN TERMS YOU CAN UNDERSTAND. IF CONCERN FOR YOUR HEALTH MAKES IT INADVISABLE TO GIVE SUCH INFORMATION TO YOU, SUCH INFORMATION WILL BE MADE AVAILABLE TO AN INDIVIDUAL DESIGNATED BY YOU OR TO A LEGALLY AUTHORIZED INDIVIDUAL.
- TO RECEIVE FROM YOUR PHYSICIAN SUFFICIENT INFORMATION TO BE ABLE TO UNDERSTAND THE PROCEDURE OR TREATMENT BEING RECEIVED IN ORDER TO SIGN THE OPERATIVE CONSENT.
- TO CONFIDENTIAL TREATMENT OF YOUR MEDICAL RECORDS AND TO KNOW THAT YOU ARE GIVEN THE OPPORTUNITY TO APPROVE OR REFUSE THEIR RELEASE TO OUTSIDE PARTIES EXCEPT WHEN OTHERWISE REQUIRED BY LAW.
- TO REFUSE TREATMENT AND TO BE INFORMED OF THE CONSEQUENCES OF THIS ACTION.
- TO BE GIVEN THE OPPORTUNITY TO PARTICIPATE IN DECISIONS INVOLVING YOUR HEALTH CARE, EXCEPT WHEN SUCH PARTICIPATION IS MEDICALLY CONTRAINDICATED.
- TO BE INFORMED OF ANY PERSONS OTHER THAN ROUTINE PERSONNEL THAT WOULD BE OBSERVING OR PARTICIPATING IN THE TREATMENT.
- TO KNOW IF ANY RESEARCH WILL BE DONE DURING TREATMENT AND THE RIGHT TO REFUSE.
- TO BE INFORMED OF CONTINUING HEALTH CARE YOU WILL RECEIVE FOLLOWING DISCHARGE.
- TO KNOW METHODS FOR EXPRESSING GRIEVANCES AND SUGGESTIONS.
- TO BE FREE FROM CHEMICAL, PHYSICAL AND PSYCHOLOGICAL ABUSE OR NEGLECT.
- TO ASSOCIATE PRIVATELY WITH A PERSON OF THE PATIENT'S CHOICE.
- TO BE FREE OF PHYSICAL RESTRAINTS WITH THE EXCEPTION OF AN EMERGENCY WHEN RESTRAINT IS NECESSARY TO PROTECT THE PATIENT FROM INJURY TO SELF OR OTHERS, AND IS AUTHORIZED BY THE ATTENDING PHYSICIAN.
- TO HAVE ACCESS TO A PUBLIC TELEPHONE, UNLESS BEDSIDE TELEPHONES ARE PROVIDED.

**I HAVE READ AND ACKNOWLEDGE MY RIGHTS AND RESPONSIBILITIES AS A PATIENT.**

Signature ______________________________ Date ______________

## YOUR RESPONSIBILITIES AS A PATIENT:

* To read and understand all permits and/or consents you sign. If you do not understand, it is your responsibility to ask the nurse or physician for clarification.

* To read and reach your own decisions regarding Advance Directives.

* To provide, to the best of your knowledge, accurate and complete information regarding your health, medications, and past treatments.

* To follow any pre-operative written or oral instructions from the physician or surgical center.

* To notify the physician or surgical center if these instructions have not been followed.

* To provide an adult to transport you home after surgery if you have received medications and/or anesthesia.

* To provide for someone to be responsible for your care for the first 24 hours after your procedure.

* To follow carefully any written or verbal post-op instructions from your physician(s) or nurse.

* To contact your physician regarding any post-operative question or problem

* To assure all financial obligations for services are fulfilled as promptly as possible and to assume ultimate responsibility for payment regardless of insurance coverage.

* To notify the surgical center if you feel any rights have been violated, or if you have a complaint or a suggestion for improvement, by returning your patient survey form.