

NORTHWEST SPINE AND LASER SURGERY CENTER

PATIENT'S RIGHTS AND RESPONSIBILITIES

Advanced Directive

Grievance Procedure

Notice of Physician Ownership

Patient's Bill of Rights

A patient and/or his/her legal representative has the right to:

- ✚ Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity in a safe setting
- ✚ Exercise your rights without being subjected to discrimination or reprisal
- ✚ Have the right to be free from all forms of abuse or harassment
- ✚ Be fully informed about your diagnosis, treatment or procedure and the expected outcome before the procedure is performed
- ✚ Receive medical treatment and accommodations regardless of race, creed, sex, national origin, religion, handicap or disability
- ✚ Personal privacy and confidentiality of records and communications. Except as required by law you have the right to approve or refuse the release of records
- ✚ Participate in decisions involving your health care, unless contraindicated by concerns for your health
- ✚ Make decisions about medical care, including the right to accept or refuse medical or surgical treatment and the right to leave the facility even against the advice of your physician. A release of liability form is to be signed by the patient and witnessed by a staff member of the facility
- ✚ Receive discharge instructions (verbally and written) following any and all treatment, surgery and procedure prior to leaving the facility
- ✚ Receive instructions for provisions for emergency care after discharge from the facility should it become necessary
- ✚ Change physicians or request a change of location for surgery without reprisal from our physician
- ✚ Know charges in advance and be informed of the payment policies of the Center
- ✚ Know the identity and professional status of individuals providing service to you
- ✚ Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments
- ✚ To be informed if your physician is an owner of the Center
- ✚ You have the right to voice grievances regarding treatment or care that is, or fails to be furnished.
- ✚ You have a right to receive information concerning the Center's policy regarding advance directives
- ✚ If a patient is adjudicated incompetent under applicable State health and safety laws by a court of proper jurisdiction the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf
- ✚ If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patients' rights to the extent allowed by State

Patient's Responsibilities

A patient and/or his/her legal representative has the responsibility to:

- ✚ Provide to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate practitioner(s) including suspected or known allergies, current medications, herbs or supplements you may be taking
- ✚ report to the doctor in a timely manner any new incident, trauma or changes in your health condition
- ✚ keep scheduled appointments or give adequate notice of delay or cancellation
- ✚ Follow the treatment plan recommended by the primary practitioner involved in your care, including the instruction of nurses and other health professionals as they carry out the physicians orders
- ✚ Provide an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery for all procedures requiring any sedation other than topical or local anesthesia
- ✚ Indicate whether you clearly understand a contemplated course of action and what is expected of you
- ✚ For your actions if you refuse treatment, leave the facility against the advice of the practitioner and/or do not follow the practitioners instructions relating to your case
- ✚ Assure that the financial obligations of your health care are fulfilled as expediently as possible by providing accurate insurance and/or credit information
- ✚ Provide information about and/or copies of any health insurance providers cards of information and proper identification
- ✚ Be considerate of the rights of other patients and facility personnel and respectful of your personal property and that of other persons in the facility
- ✚ Follow the facility policies and procedures affecting patient care and conduct

* Considering the above items, lack of cooperation may cause endangerment to the patient's health and/or impaired results of care. It is permissible for the doctor to discontinue treatment of a patient when the patient fails to cooperate in an agreed upon plan of management.

NORTHWEST SPINE AND LASER SURGERY CENTER

Advance Directive Notification

In the State of Oregon all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patients expressed wishes when the patient is unable to make decisions or unable to communicate decisions. Northwest Spine and Laser Surgery Center respects and upholds those rights. However, unlike in an acute care hospital setting, NWSL does not routinely perform high risk procedures. While no surgery is without risk most procedures performed in this facility are considered to be of minimal risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after your surgery. Therefore it is our policy regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney –in- fact that if an adverse event occurs during your treatment at this ***facility we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation.*** At the acute care hospital further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney. If you wish to complete an Advance Directive, copies of the official State of Oregon forms are available. If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure. For more information regarding Oregon State's Advanced Directives go to:

[http\\www.oregon.gov/DCBS/SHIBA/advanced_directives.shtml](http://www.oregon.gov/DCBS/SHIBA/advanced_directives.shtml)

Disclosure of Ownership: Northwest Spine and Laser Surgery Center is a premier outpatient surgery center, dedicated to providing its patients with the highest level of specialized and personalized care. Using the latest technologies experienced and highly trained staff our goal is to provide an excellent overall patient experience. You have the right to choose the provider of your health care services. Therefore, you have the option to use a health care facility other than Northwest Spine and Laser Surgery Center.

The Owners of the Northwest Spine and Laser Surgery Center are:

Darrell C. Brett, MD, Neurosurgery
Jeffrey Johnson, MD, Neurosurgery
Jordi Kellogg, MD, Neurosurgery
J. Rafe Sales, MD, Neurosurgery
Joseph Stapleton, MD, Anesthesiology and Pain Management

Patient Complaint or Grievance

To report a complaint or grievance you can contact the facility Administrator or Business Manager by phone at 503.694.8600 X305 or by mail: 8995 SW Miley Rd, Wilsonville, OR 97070. Complaints and grievances may also be filed through: Oregon Health Division, Health Care Licensing and Certification, PO Box 14450, Portland, OR 97214-0450; phone 971.673.0540 OR State of Oregon, CMS Regional Office, DHHS/CMS/DMSO, Mail Stop RX-48, 2201 6th Avenue, Seattle, WA 98121; phone 206.615.2710.

Medicare beneficiaries may receive information regarding their options under Medicare and their rights and protections by visiting the website for the Office of Medicare Beneficiary Ombudsman at:

www.cms.hhs.gov/center/ombudsman.asp