



RIGHTS AND RESPONSIBILITIES INFORMATION SHEET

PATIENT RIGHTS:

Patients have

1. The right to quality care, privacy, treatment given with respect, consideration, and dignity.
2. The right to the privacy of information regarding patient's diagnosis, treatment options, communication, and the potential outcomes of the treatment as well as access to information contained in his/her medical record.
3. The right to participate in decisions concerning care and treatment.
4. The right to know the physician performing his/her procedure may have financial interest or ownership in this ASC.
5. The right to be informed of patient responsibilities, conduct, and ASC rules affecting the patient's treatment.
6. The right to knowledge of services provided at this facility.
7. The right to discharge instructions, including information about after hours' care.
8. The right to detailed information regarding service fees and all charges.
9. The right to refuse participation in experimental research.
10. The right to receive the policy on advance directives and living wills in the facility and to be given information upon request.
11. The right to knowledge of the medical staff credentialing process, upon request.
12. The right to know the names of those treating the patient.
13. The right to truthful marketing or advertising utilized by the facility.
14. The right to be informed if the physician does not carry malpractice insurance.
15. The right to address a grievance.
16. The right to refuse a treatment, as permitted by law. One can refuse treatment and still receive alternate care.
17. The right to be fully informed regarding one's condition, understand that information, and sign an Informed Consent form before receiving care
18. The right to appropriate assessment and management of pain.
19. The right to continuity of care. If overnight care is required, staff will arrange for transportation of a patient to the transfer hospital.
20. The right to respectful, safe care and treatment free from seclusion, restraints, abuse and harassment.
21. The right to have a family member notified of his/her admission as well as notification of his/her personal physician, if requested by the patient.
22. The right to express spiritual and cultural beliefs.

PATIENT RESPONSIBILITIES:

1. The patient is responsible for providing accurate/complete information related to his/her health; reporting perceived risks in his/her care, and for reporting unexpected changes in his/her health.
2. The patient and family are responsible for asking questions when they do not understand, what a staff member has told them about the patient's care or expectations of what they are to do.
3. The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
4. The patient is responsible for notifying the ASC office when unable to keep a scheduled appointment.
5. The patient is responsible for providing his/her healthcare insurance information, and assuring the financial obligations of his/her care are fulfilled as promptly as possible
6. The patient is responsible for the consequences if he/she refuses treatment or fails to follow the practitioner's instructions.
7. The patient is responsible for being respectful and considerate of other patients and organizational personnel.

These rights and responsibilities outline the basic concepts of service here at the Kona Surgery Center. If you believe, at any time, our staff has not met one or more of the statements during your care here, please ask to speak to the Medical Director or Center Director. We will make every attempt to understand your complaint/concern. We will correct the issue you have if it is within our control, and you will receive a written response.

ADVANCE DIRECTIVES

Federal Law directs that any time you are admitted to a health care facility, you must be told about laws concerning your right to make health care decisions. This applies to all patients, no matter what their medical condition. You have the right to consent or refuse any medical care and treatment unless care is ordered by a court.

In an emergency, your consent to resuscitation (CPR), medical care, and treatment is assumed. In order to be in compliance with the Self-Determination Act (PSDA) and State laws and rules regarding advance directives, we will be asking if you have a living will. If you do not, this facility's staff will offer you information on how to make a living will. Because this is an ambulatory setting, any Advanced Directive to withhold resuscitation (CPR) will not be honored while you are in this facility. Should you suffer a cardiac or respiratory arrest or other life-threatening emergency, this signed consent implies consent for resuscitation and transfer to a higher level of care. Therefore, in accordance with federal and state law, The Kona Ambulatory Surgery Center is notifying you that we will **NOT** honor any previously signed advanced directives for any patient.

Report complaints to

Dennis Tognoli
75-5905 Walua Road, Ste 4
Kailua Kona, HI 96740
808-331-7960

OR

* Office of the Medicare Beneficiary Ombudsman.

MEDICARE: 1-800-MEDICARE (OMBUDSMAN) @ www.cms.hhs.gov/center/ombudsman.asp

State of Hawaii, Department of Health

Office of Health Care Assurance
601 Kamokila Blvd, RM 395
Kapolei, Hawaii 96707
808-692-7420

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