



As a Patient, you have the right to:

1. Make informed decisions regarding your care. The patient and/or the patient representative have the right to complete and current information concerning his/her diagnosis and treatment and in terms that he/she can understand. The patient has the right to know the person or persons responsible for coordinating their care. If not medically advisable to give information to the patient, the information shall be made available to an appropriate person in the patient's behalf.
2. Exercise your rights without being subjected discrimination or reprisal.
3. To be fully informed about a treatment or procedure and the expected outcome, including information concerning your diagnosis, treatment, and prognosis, to the degree known, so that he/she may understand the services being rendered in order to give informed consent.
4. Refuse treatment and to be informed of the consequences of his/her actions.
5. Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
6. Personal and informational privacy, within the law.
7. Confidentiality of records and disclosures. Except when required by law, you have the right to approve or refuse the release of records.
8. Be informed of any persons other than routine personnel that would be observing or participating in his/her treatment and to refuse that observation and/or participation.
9. Initiate advance directives such as a living will or durable power of attorney. If you already have a living will or other directive or you wish to initiate one, please speak with a nurse.
10. Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability. (ASC Durango adheres to all federal and state rules, regulations and policies to promote a non-discriminatory environment for all of our surgical guests.)
11. Know, in advance, the expected amount of his/her bill, regardless of the source of the payment. Receive and examine an explanation of their bill, regardless of the source of payment.
12. Know if any research will be done during his/her treatment and has the right to refuse it.
13. Information concerning the facility to which he/she may have to be transferred, in the unlikely event that a transfer would be necessary. The facility, that the patient is to be transferred to, must give approval prior to the patient transfer.
14. Know the identity and professional status of individuals providing service to you.
15. Expect quality care and service from ASC Durango.
16. Know if your physician is an owner in ASC Durango.
17. Voice grievances regarding treatment or care that is (or fails to be) furnished.
18. Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair and timely follow-up on your comments.



PEDIATRIC BILL OF RIGHTS

All kids have a right to cry, laugh, or be made comfortable if it helps them feel better. They also have a right to:

- Ask to have a parent or another adult stay with them during their examination.
- Tell their caregiver when and where something hurts.
- Ask questions if they don't understand a medical procedure or what's happening to them.
- Choose which ear should be looked at first, or which arm to have a shot in.
- Ask for something to ease their pain.
- Listen to music, play a game, or read a book to help distract them during medical procedures.
- Have an adult with them when they ask except when the presence of another person would or may impact their care and cause a negative outcome.
- To have a schedule for their tests and procedures that doesn't keep them hungry or thirsty any longer than necessary
- and always..... To be called by their name



As a Patient, You Are Responsible to:

1. Read and understand all permits and/or consents to be signed: ask the nurse or physician to clarify any information not understood about your care or services.
2. Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities
3. 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).
4. Follow the treatment plan prescribed by your practitioner, and notify ASC Durango on admission if pre-operative instructions have not been followed.
5. 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.
6. Indicate whether you clearly understand a contemplated course of action and what is expected of you.
7. Accept the consequences of your actions if you refuse treatment, leave the facility against the advice of the practitioner, and/or do not follow the practitioner's instructions relating to your case.
8. Follow the post-operative instructions given by the physician(s) and/or nurses. This includes instructions regarding post-operative appointments.
9. Contact the physician if any complications occur.
10. Assure that the financial obligations of your health care are fulfilled as expediently as possible. It is the responsibility of the patient to provide financial and/or insurance information regarding who will be responsible for the bill including current address and authorized contact information. Ultimate financial responsibility is the patient's, regardless of the insurance coverage.
11. Be respectful of all health care providers and staff, as well as other patients and follow the Center's policies. This applies to the patient and those accompanying the patient.
12. Providing information about and/or copies of any living will, power of attorney or other directives that you desire us to know about.
13. Notify the administration of ASC Durango if you think your right(s) have been violated or if you have a significant complaint.

To contact the Colorado Department of Public Health & Environment you may write to:
Complaint Intake Coordinator
400 Cherry Creek Drive South Denver, CO 80246 303-692-2000

You may also contact the website of the Office of the Medicare Beneficiary Ombudsman at:
www.cms.hhs.gov/center/ombudsman.asp

If you have any questions regarding your rights or responsibilities please discuss your concerns with us.