

Respect and Consideration

You have the responsibility to:

- Act in a respectful and considerate manner toward healthcare providers, other patients, and visitors.
- Respect the 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.
- Fulfill your financial obligations as promptly as possible.

Slocum Ambulatory Surgery Center is a wholly owned subsidiary of Slocum Orthopedics, P.C. Your surgeon has a financial investment interest in Slocum Surgery Center. If you prefer, we are happy to schedule any of the procedures performed at the Center at a local hospital.



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IN ORDER TO FOSTER MUTUAL
UNDERSTANDING AND TRUST,
THE FOLLOWING INFORMATION IS
PROVIDED FOR OUR PATIENTS.

Patient Rights

Decision Making

As a patient you have the right to:

- Be informed of your rights before care is given or discontinued whenever possible.
- Receive complete and current information regarding your health status in terms you can understand.
- Participate in care, planning, treatment, and discharge recommendations.
- Receive an explanation of any proposed procedure or treatment, including risks, side effects, and treatment alternatives.

- *Make informed decisions regarding care and treatment.*
- *Participate in managing your pain effectively.*
- *Request a specific treatment.*
- *Refuse or discontinue a treatment to the extent permitted by law and to be informed of the consequences of such refusal.*
- *Request a second opinion.*
- *Have persons of your choice and other physicians promptly notified of admission.*
- *Write a Living Will, Medical Power of Attorney, and/or an Advanced Directive.*

Printable forms are available at:

http://www.oregon.gov/DCBS/SHIBA/docs/advance_directive_form.pdf

- *Accept, refuse or withdraw from research/experimental based treatment.*
- *Choose or change your healthcare provider.*
- *Receive care and/or a referral according to the urgency of your condition. When medically stable, you may be transferred to another facility after the need has been fully explained.*

Quality of Care

You have the right to:

- *Respectful treatment, which recognizes and maintains your dignity and values.*
- *Care in a safe setting.*
- *Know the identification of healthcare providers.*
- *Know who is primarily responsible for your care.*

- *Pastoral and/or spiritual support.*
- *Interpreters and/special equipment to assist language needs.*
- *Information about continuing healthcare requirements following discharge.*

Confidentiality and Privacy

You have the right to:

- *Personal privacy.*
- *Your personal information being shared only with those who are involved in your care.*
- *Confidentiality of your medical and billing records.*
- *Review and obtain a copy of your medical record at any time.*

Grievance Process

You have the right to:

- *Voice a complaint to your healthcare providers and administrators without fear of reprisal.*
- *Contact the Management Representative at 541-868-0656 to file a formal grievance.*
- *Contact a representative in the State/Federal agency to whom patients can report complaints.*

Oregon Department of Human Services
503-947-1175

CMS (Medicare) 1-800-MEDICARE
(1-800-633-4227)

Website:

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

- *Receive a timely response to your complaint.*

Seclusion and Restraints

You have the right to:

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

Billing

You have the right to:

- *A complete explanation of your bill.*

Patient Responsibilities

Providing Information

You have the responsibility to:

- *Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other health-related matters.*
- *Report perceived risks in your care and unexpected changes in your condition.*
- *Understand your treatment plan, and ask questions as needed.*
- *Provide accurate information for insurance and billing.*

Involvement

You have the responsibility to:

- *Actively participate in your treatment by following the recommended treatment plan.*