

**PATIENT RIGHTS:** Every patient has the right to courtesy, respect, dignity, privacy responsiveness, and timely attention to his/her needs regardless of age, race, sex, national origin, religion, cultural, or physical handicap, personal value and beliefs. Every patient has the right to every consideration of his/her privacy and individuality, including as it relates to his social, religious and psychological well-being. Every patient has the right to confidentiality. Every patient has the right to approve or refuse the release of medical information to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party payment contract. Every patient has the right to express grievances or complaints without fear of reprisals. Every patient has the right to a safe environment. Every patient has the right to continuity of health care. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient sufficient opportunity to make alternative arrangements. Every patient is provided complete information regarding diagnosis, treatment and prognosis, as well as alternative treatments or procedures and the possible risks and side effects associated with treatment. If medically inadvisable to disclose to the patient such information, the information is given to a person designated by the patient or to a legally authorized individual. Every patient has the right to be free from any act of discrimination or reprisal. Every patient has the right to make decisions regarding the health care that is recommended by the physician, accordingly, the patient may accept or refuse any recommended medical treatment. Every patient has the right to be informed of any research or experimental projects and to refuse participation without compromise to the patient's usual care. Every patient has the right to appropriate treatment and care to include the assessment/managements of pain. Every patient has the right to an explanation and to understand facility charges related to your health care. Every patient has the right to all resuscitative measures: therefore, we will not honor Advance Directives. Every patient has the right to be free from all forms of abuse or harassment.

**PATIENT RESPONSIBILITIES:** Patients are responsible to be honest and direct about matters that relate to them, including answering questions honestly and completely. Patients are responsible to provide complete and accurate past and present medical history, present complaints, past illnesses, hospitalizations, surgeries, existence of advance directive, any medications taken, including over the counter products and dietary supplements, any allergies or sensitivities, and other pertinent data to the best of their ability. Patients are responsible to follow the treatment plan prescribed by his/her provider and participate in his/her care. Patient agrees to accept all care givers without regard to race, color, religion, sex, age, gender preference or handicap, or national origin. Patients are responsible for assuring that the financial obligations for health care rendered are paid in a timely manner. Patients are responsible to sign required consents and releases as needed. Patients are responsible for their actions if they should refuse a treatment or procedure, or if they don't follow up or understand the instructions given to them by the physician or **Grand River Surgery Center** employees. Patients are responsible for keeping their procedure appointment. If patient anticipates a delay or must cancel, they will notify **Grand River Surgery Center** as soon as possible. Patients are responsible for the disposition of their valuables, as **Grand River Surgery Center** does not assume the responsibility. Patients are responsible to be respectful of others, other people's property, and the property of **Grand River Surgery Center**. Patients are to observe safety and no smoking regulations. Patients are responsible for providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by the provider.

**GRIEVANCES:** If you have a complaint or grievance, please call the center Administrator, at (517)220-0240 if your complaint or grievance was not resolved, you may call/mail either location below:

- State of MI Complaint Hotline for the Bureau of Community and Health Systems **517-373-9196**
- Office of Medicare Beneficiary Ombudsman: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

**I acknowledge that I have read, been told, and understand my rights and responsibilities, as a patient at Grand River Surgery which includes information regarding where and how I can file a grievance or complaint.**

\_\_\_\_\_  
NAME OF PATIENT

\_\_\_\_\_  
SIGNATURE OF PATIENT/AUTHORIZED REPRESENTATIVE & RELATIONSHIP

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE