Patient's Rights and Responsibilities

At Fredericksburg Ambulatory Surgery Center, we are committed to providing you with the best possible healthcare. We believe that patients who understand and participate in their healthcare achieve better results. Therefore we encourage you to become an active partner with your healthcare team by being informed about your patient rights and responsibilities. We will do our best to honor these rights, while providing appropriate and safe care to all of our patients.

| As a | a patient, parent, surrogate, or guardian you have the right to: | As a patient, parent, surrogate, or guardian you have the following |
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| • | Considerate, respectful, safe, and quality health care. | responsibilities: |
| • | Be fully informed about your treatment or procedure and expected outcome before it is performed. | • Provide all necessary personal and medical history required for your treatment. This includes information about your health, |
| • | Have information communicated to you in a language or manner that you can understand. | any medications including over-the-counter products and dietary supplements and any allergies or sensitivities. This information must be updated should it change prior to the day |
| • | Active involvement in your treatment, including the right to consent to or refuse treatment and medicines after an adequate explanation has | of surgery.Ask if you do not understand your illness or treatment; request |
| | been given to you by your physician. | more information if you need it. |
| • | Have your pain assessed and treated appropriately. | • Keep your appointment. If unable to do so, please notify the |
| • | Information about the Patient Self Determination Act and the Center's Advance Directives policy. | Center and your physician. |
| • | Designate a representative or medical power of attorney and have that person included in your plan of treatment. | Be considerate and respectful of members of the health care team, and accommodate the legitimate needs of the Center, other patients, physicians, or Center staff. Follow the treatment plan recommended to you and tell your physician if you are not willing or able to do so. Provide the Center with a copy of your Advanced Directive (if one exists). This will become a part of your medical record. |
| • | Identification of all health professionals participating in your care. | |
| • | Freedom from mental, physical, sexual, and verbal abuse, neglect and | |
| | exploitation. | |
| • | Freedom from discrimination and to have your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected. | Participate actively in your continued care after you leave the |
| • | acy, confidentiality (including the confidentiality of your clinical | Center; keep follow-up appointments.Supply accurate information for billing purposes and pay any |
| | records), and respect for your personal dignity. | |
| • | To have access, request amendment to, and obtain information on disclosure of your health information. | outstanding balances in a timely manner. Secure a ride home from the Center following surgery. The |
| • | Review all charges related to your treatment. | Secure a ride home from the Center following surgery. The driver must be a responsible adult. If transportation is to be a taxi, you must have someone other than the taxi driver in attendance. |
| • | Change providers if other qualified providers are available. | |
| • | Have information about the physician financial interest or ownership of | Have an adult stay with you for 24 hours following surgery, if |
| - | this Center. | required by your physician. |
| • | Receive information about any restrictions on visitation | • If you are a minor, a parent or legal guardian must remain at the Center until you are ready for discharge. Parents and/or legal guardians may accompany a minor during the pre- operative portion of surgery. Parents are not allowed in the operating room with the patient |
| • | Receive visitors of your choosing unless visitation interferes with your care or the care of others. | |
| | | • Inform the Center of any problem following surgery. |

We are pleased to address any questions or concerns you may have about these rights and responsibilities, your treatment or the care provided to you. If you have a complaint or concern about patient care or safety, or other aspect of your treatment, we hope that you will speak directly with us and give us an opportunity to correct the situation. Please feel free to ask for a Nurse Manager or for the Administrator at any time during your stay with us. You may also contact us by calling 540-741-7000.

If you do not feel that your concerns have been adequately addressed, or if you prefer not to talk directly to us, you have the right to contact the agency(s) that regulate this facility. This contact information is provided below for your convenience.

Virginia Department of Health: Office of Licensure and Certification 9960 Mayland Drive, Suite 401, Henrico, VA 23223 Phone Number: 1-800-955-1819

Medicare Patients: Office of the Medicare Beneficiary Ombudsman Link: https://www.medicare.gov/claims-appeals/your-medicare-rights/get-help-with-your-rights-protections

