



Surgical Center

As a patient of Grand Valley Surgical Center, you have the right:

- To be treated with respect, consideration and dignity and receive care in a safe setting.
- To be provided with personal and appropriate privacy (including but not limited at check-in and in evaluation areas) and to be provided with protection of and access to your personal health information according to Grand Valley's Notice of Privacy Practice. This includes patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when the release is required by law.
- To have available interpretation services.
- To have reasonable attempts made for healthcare professionals and other Center staff to communicate in the language or manner you primarily use.
- To make informed decisions. To be provided, to the degree known, information concerning diagnosis, evaluation, treatment and prognosis. This includes having the right to be fully informed about a treatment or procedure and the expected outcome before it is performed. When it is medically inadvisable to give such information to a patient, the information will be provided to a person designated by the patient or to a legally authorized person.
- To be given the opportunity to participate in decisions involving your health care, except when such participation is contradicted for medical reasons.
- To receive information about your rights, responsibilities, participation and expected conduct.
- To be informed about and request a copy of the services available at this Center.
- To be informed of your discharge instruction for after-hours and emergency care.
- To receive information concerning any research/experimental procedure proposed as part of your care, and your right to refuse to participate in the experimental procedure without jeopardizing your continuing care.
- To be informed of the fees for services and this Centers payment policies.
- To be informed and to receive a copy of the credentials of the health care professionals at this Center.
- To request a change in your provider if another qualified provider is available.
- To be free from all forms of abuse or harassment and to receive care within the Center's capacity and mission without regard to race, religion, color, national origin, sex, age disability, marital status, sexual preference, or source of payment.
- To voice suggestions, complaints and grievances regarding the Center, treatment or care furnished (or failure thereof).
- To exercise these rights and be free from any act of discrimination or reprisal.
- To have a surrogate (parent, legal guardian, person appointed in accordance with State law to act on the patient's behalf, or person with medical power of attorney) exercise these patient rights if you are unable to do so. If a patient is adjudged incompetent under applicable state laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
- To receive care from friendly, considerate, and competent professionals, who through education and experience, strive to provide the best care to you and your family or significant other.
- To the degree that is known, to be provided information and be fully informed concerning diagnosis, treatment, and prognosis and to discuss and request information related to the specific procedures, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits, all in terms that you understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- To know the identity and professional status of any person providing care or services, to know your continuing health needs and alternatives for meeting those needs, and to be involved in your discharge planning.
- To review or receive a copy of your medical records and to have the information explained or interpreted as necessary, except when restricted by law.
- To request and receive information regarding your charges, to receive an explanation of your bill within a reasonable period of time, and to information relating to financial assistance (if any) available through the Center.
- To know the relationship(s) of the persons and organizations participating in the provision of your care.
- To be informed of the source of reimbursement for your care, and any limitations or constraints which may be placed upon your care.
- To be informed in the event there is an absence of malpractice coverage.
- To be free from unnecessary use of physical or chemical restraint and/or seclusion as a means of coercion, convenience or retaliation.

- To refuse treatment to the extent permitted by law and to be informed of the medical consequences of such a refusal. If your refusal prevents the Center or its staff from providing appropriate care according to ethical and professional standards we may only terminate the relationship upon reasonable notice.
- To receive information about the Center's rules affecting patient care and conduct.

Patient Responsibilities:

As a patient of Grand Valley Surgical Center, you are responsible for:

- Providing complete and accurate information to the best of your ability about your health, any medications taken, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Following the agreed-upon treatment plan prescribed by your Provider and participate in your care.
- Providing a responsible adult to stay at the facility during your procedure, transport you home from the Center and remain with you as directed by your provider or as indicated on your discharged instructions.
- Informing the Center about any living will, medical power of attorney, or other directive that could affect your care.
- Accepting personal financial responsibility for any charges not covered by your insurance.
- Being respectful toward all of the health care providers and staff, as well as other patients and visitors.
- Informing your physician promptly of any changes in your condition during your treatment and recovery.
- Notifying your physician or care providers and asking questions if you do not understand the information provided.
- Being considerate and respectful of health care providers or others helping with your treatment plan, and respecting other patient's rights, privacy and property.
- Adhering to the treatment plan recommended by your physician(s), including following instructions, keeping appointments or notifying the Center if you cannot keep an appointment, and working with other care providers who assist with implementing your treatment plan.
- Recognizing the effect of your personal lifestyle choices on your health.
- Providing complete and accurate third party payer information and meeting any financial obligations related to the services received.

Advance Directive Policy

You have the right to make informed decisions regarding your care. An advance directive is a written document which allows you to specify the medical care you wish to receive in the event that you lose the ability to make decisions or are unable to communicate them. We will document in a prominent part of your medical record whether or not you have executed an advance directive.

Under Michigan law, you may express your desires ahead of time and choose to assign another person to make these decisions for you in conformity with your desires. This is done by executing a legal document called a Durable Power of Attorney for Health Care (DPOA). Although Grand Valley Surgical Center, LLC does not honor advance directives in regards to Do Not Resuscitate (DNR) we will gladly provide you more detailed information, sample forms and assist you in writing your advanced directives if requested.

The Center does not determine care based on whether or not the patient has an advance directive. Our policy complies with Michigan law, MCL 700.5506, regarding your personal advance directive document. *You may obtain additional information and forms at: <http://www.michigan.gov>*

Patient Feedback/Complaint/Grievance Process

Our goal is to provide you with excellent care in a professional manner. We are always open to your feedback and suggestions. You may provide this to us verbally or in writing. We recognize that issues may arise. Our Patient Suggestion/Complaint/Grievance procedure allows everybody involved to understand any complaint, and work toward resolving it. If a complaint is made, we will attempt to resolve the complaint on an informal basis. If this is not possible, you may file a formal grievance with the Center and we will do our best to resolve it to your satisfaction. Please see a representative of the Center or call Customer Services at 616-224-1110 for more details or a copy of the policy.

You may seek additional information and/or file a complaint to the State of Michigan at: **Bureau of Health Professions, Health Regulatory Division, PO Box 30664, Lansing, MI 48909 Complaint Hotline (800) 882-6006**

If you are a Medicare Beneficiary, you can file a complaint with the Medicare Ombudsman. Additional information is available from the Office of the Medicare Beneficiary Ombudsman on the Medicare website at: <http://www.medicare.gov>.