

ARTEMIS ADVANCED OFFICE GYNECOLOGY

Patient Rights and Responsibilities

This Center and staff members have adopted the following list of patient rights and responsibilities. This list includes, but is not limited to:

PATIENT RIGHTS

- Impartial treatment without regard to race, color, sex, national origin, religion, handicap or disability.
- To be informed and agree to care; to be free from acts of discrimination or reprisal, to receive considerate, respectful, secure and safe care that is dignified at all times and to be protected from abuse, harassment and neglect and have knowledge of and access to protective services.
- Knowledge of the name and professional status of those caring for you.
- To receive information from the surgeons about your diagnosis, treatment plan, prognosis, and any unanticipated outcomes, to the best of the physicians' knowledge. You have the right to spiritual care and communication and if communication restrictions are necessary for your care and safety, we will document and explain the restrictions to you or your family.
- To participate actively in decisions regarding your medical care including being involved in resolving problems and unanticipated outcomes related to you your care. Families will have input in care decisions in accordance with legal directives and court orders.
- Full consideration of privacy concerning your medical care program. Case discussion, examination and treatment are confidential and should be conducted as discretely as possible.
- To be asked if you have an Advance Directive and if so, for it to be prominently placed in your chart.
- To be advised that should an unexpected life-threatening event occur, you will receive resuscitative or other stabilizing measures and be transferred to an acute facility that will order additional treatment according to your wishes in your Advance Directive.
- Confidential treatment of all communications and records pertaining to care. Written permission shall be obtained before medical records can be made available to anyone not directly concerned with your care.
- Responsible responses to any reasonable request for service.
- To leave the facility even against medical advice and to change providers if another qualified provider is available.
- To expect reasonable continuity of care.
- To be advised if the physician proposes to engage in or perform experimentation affecting your care or treatment and the right to refuse to participate in this activity without hindering access to care.
- To be informed of the continuing health care requirements following discharge from the center.
- Examine and receive an explanation of a bill for service, regardless of source of payment.
- To report any comments or complaints concerning the quality of care provided to you and for the organization to provide a prompt resolution within fourteen (14) business days to your comment or complaint. In the event, after reasonable attempts have been made, that a resolution is not achieved within fourteen (14) business days, then you will be notified when you can expect a resolution.

PATIENT RESPONSIBILITIES

- To provide accurate and complete information concerning your present complaints, past medical history and other matters relating to your health.
- To make it known whether you clearly comprehend the course of treatment and what is expected of you.
- For following the treatment plan established by the physician, including the instructions of other staff members as they carry out the physicians' orders.
- To keep your appointments and notifying the facility if unable to do so.
- To provide a responsible adult to drive you home from the facility and stay with you for 24 hours after surgery.
- For assuring that the financial obligations of your care are fulfilled as promptly as possible.
- For being considerate of the rights of other patients and staff members.

FEEDBACK

Our goal is to provide the best surgical experience possible while in our Center. Patients, clients, families or visitors have the right to express complaints or concerns about any aspects of their care or experience with our Center without fear of discrimination or reprisal. Please be assured that expressing a complaint or concern will not compromise your care and will be addressed according to our policy. Concerns may be directed to any staff member, or you may mail your comments to us.

If you feel it is necessary, complaints may also be shared with: Medical Director, 5846 Snyder Drive, Lockport, NY 14094, 716-433-3053

ARTEMIS ADVANCED OFFICE GYNECOLOGY

DISCLOSURE OF OWNERSHIP
ADVANCE DIRECTIVE NOTIFICATION
PATIENT COMPLAINT OR GRIEVANCE PROCESS

STATEMENT OF PHYSICIAN FINANCIAL INTERESTS OR OWNERSHIP

Your physician has an ownership interest in this Office Based Surgery Center at which you are having your procedure. As with all of your care, you may request to have your procedure performed at another facility where your surgeon has privileges to practice.

**Physician Owners:
Julie A. Madejski, MD**

www1.nyc.gov/site/doh/health/health-topics/advanced-directives.page

Advance Directive Notification

At ARTEMIS ADVANCED OFFICE GYNECOLOGY, all patients have the right to participate in their own health care decisions and to make Advance Directives that give instructions about any aspect of health and/or authorize an agent to make decisions on their behalf based on their expressed wishes when able to make decisions or unable to communicate decisions. ARTEMIS ADVANCED OFFICE GYNECOLOGY respects and upholds these rights. If you have executed an Advance Directive, please bring a copy on the day of your procedure. If you do not have an Advance Directive, information can be found at <http://www1.nyc.gov/site/doh/health/health-topics/advanced-directives.page>.

ARTEMIS ADVANCED OFFICE GYNECOLOGY does not perform "high risk" procedures. Of course, no surgery is without risk. You can discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after surgery. Therefore, it is our policy, regardless of the contents of any Advance Directive that if a patient suffers a cardiac or respiratory arrest or other life-threatening situation, a signed consent form implies consent for resuscitation and transfer to a higher level of care. Therefore, in accordance with state and federal law, ARTEMIS ADVANCED OFFICE GYNECOLOGY is notifying you that we will not honor previously signed Advance Directives regarding code status for any patient. It is still important that you provide ARTEMIS ADVANCED OFFICE GYNECOLOGY with a copy of your Advance Directive, as it will be sent with you should you require a transfer to a higher level of care. If you do not agree to this policy, please address this issue with your physician prior to your surgical date.

Patient Complaint or Grievance Process

- If you have a question or concern, about the care and services received at ARTEMIS ADVANCED OFFICE GYNECOLOGY, please feel free to express them to any staff member without fear of reprisal or discrimination. It is our goal to assist you in finding a fast and effective resolution to your concerns. It is our intention to provide a prompt resolution within fourteen (14) business days to your comment or complaint. In the event, after reasonable attempts have been made, that a resolution is not achieved within fourteen (14) business days, then you will be notified when you can expect a resolution.

If you are not satisfied with the resolution provided by the Center, you may contact:
Julie Madejski, MD at 716-433-3053 or cell 716-481-3810.

If you are not satisfied with the resolution provided by the Center, you may contact:

Accreditation Association for Ambulatory Healthcare, Inc. (AAAHc); 5250 Old Orchard Road, Suite 200, Skokie, IL 60077;
Telephone: 847-853-6060 or for more information visit website: <http://www.aaahc.org>.