



## Patient Rights

*The staff and personnel of Grand Valley Surgical Center (the Center) recognize the basic human rights and responsibilities of our patients. Efforts are directed to providing care that protects and promotes the exercise of patient rights. Patient rights extend to the person provided by state law to act on the patient's behalf.*

*If you have questions about your rights and/or your responsibilities, please contact the administrator or clinical director by calling 970-255-7800.*

### **You have a right:**

- To be treated with respect, consideration, and dignity, regardless of sex, race, color, age, religion, national origin, sexual orientation, disability, or payer source.
- To receive appropriate privacy, confidentiality, and security concerning your medical care.
- To confidential treatment of your disclosures and records, and to be given the opportunity to approve or refuse their release, except when release is required by law.
- To be provided, to the degree known, complete information concerning diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to you, the information is provided to the person designated by you or to a legally authorized person.

- To be given the opportunity to participate in decisions involving your health care, except when such participation is contraindicated for medical reasons.
- To know the services available at the facility.
- To access, to request amendment to, to request restrictions to, and to receive an accounting of disclosures regarding your health information.
- To know if any research will be done during treatment and to refuse participation.
- To know the identity and credentials of your providing health care professionals.
- To know your rights and your responsibilities related to your care in advance of receiving care.
- To change your physician or dentist if other qualified physicians or dentists are available.
- To receive effective communication and to expect that every effort is made, regardless of any language barrier or physical handicap, to obtain effective communication.
- To be informed of the Center's policies on advanced directives in advance of your procedure day.
- To be informed of any persons other than routine personnel who will be observing or participating in your treatment.
- To refuse treatment or to withdraw consent and to be informed of the potential consequences of such refusal.

- To be given provisions for after-hours and emergency care following discharge from the Center.
- To know the methods for expressing privacy concerns, grievances and suggestions to the Center, including external appeals as required by state and federal regulations.
- To know, in advance of the procedure, of any ownership interest your physician may have in the Center.
- To be informed, prior to initiation of care, the Center's general billing policies and upon request to receive, in advance of the procedure date, an estimate of your charges.
- To request and receive an explanation of the final bill regardless of the source of payment.

## Patient Responsibilities

### **You have a responsibility:**

- To provide complete and accurate information to the best of your ability about your health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- To answer all medical and financial questions truthfully and to the best of your knowledge.
- To follow the treatment plan prescribed by your physician. To carefully follow any written and verbal preoperative and postoperative instructions from your physician(s) or nurse(s). This includes keeping any scheduled postoperative appointments with your physician.

- To be respectful of all the health care providers and staff, as well as other patients.
- To inform your provider and the Center about any CPR Directive, Living Will, Medical Power of Attorney, or other directive that could affect your care.
- To notify your physician or our nurse if you have not followed the preoperative instructions.
- To provide a responsible adult to transport you home after surgery if you have received sedation and/or anesthesia, and to remain with you for 24 hours if required by your physician.
- To contact your physician regarding any postoperative question, problem, or complication.
- To accept personal responsibility for assuring that your health care financial obligations are fulfilled as promptly as possible.

## Grievance Process

You have a right to voice questions, concerns or complaints regarding your care without fear of reprisal. We encourage you to complete and return the patient questionnaire or to contact the administrator or the clinical director listed below:

Nancy Petty, Administrator  
[nancy.petty@stmarygj.org](mailto:nancy.petty@stmarygj.org)

Cheryl Anderegg RN, Clinical Director  
[cheryl.anderegg@stmarygj.org](mailto:cheryl.anderegg@stmarygj.org)

710 Wellington Avenue, Suite 21  
Grand Junction, CO 81501  
Phone: 970-255-7800  
Fax: 970-255-7850

You may also make a complaint to:

- St. Mary's Hospital Patient Representative at 970-244-2447
- Compliance Hotline at 877-874-8415
- CDPHE (Colorado Department of Public Health and Environment) Complaint Program, 4300 Cherry Creek Drive South, Denver, CO 80222; or 1-800 886-7689 ext 2800 or [www.cdphe.state.co.us/hf/static/ncfcomp.htm](http://www.cdphe.state.co.us/hf/static/ncfcomp.htm)
- Office of the Medicare Ombudsman: [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

## **Tobacco-Free Campus**

Cigarettes, cigars, pipes and chewing tobacco are prohibited on St. Mary's Hospital Campus including the Grand Valley Surgical Center.

If you smoke and are interested in quitting, we encourage you to contact QUITLINE at 1-800-639-QUIT (7848) or visit [www.co.quitnet.com](http://www.co.quitnet.com) for counseling.

*Thank you for your compliance.*

## **Advance Directives Policy**

Advance Directives are written instructions which communicate patients' wishes about medical care and treatment when they can no longer make their own healthcare decisions. The parent(s) or guardian(s) of a minor child shall be included in the decision-making process regarding the course of treatment for the patient. Patients with advance directives are responsible for informing their physicians of their wishes.

Grand Valley Surgical Center recognizes your right to formulate advance directives. All adult patients will be asked during the pre-admission process if they have advance directives. If you have advance directives, a copy will be requested for the medical record

should a transfer to a hospital be required. It is the Center's belief that patients consenting to an elective outpatient procedure do so fully expecting to be discharged and resume pre-surgical activities. If you have a CPR Directive you will be asked to sign a waiver to temporarily revoke your CPR Directive while at the Center and permit resuscitative measures in the event of a medical emergency.

If you would like further information, have questions, or would like an Advance Directive Document, please contact your physician, call our Center at 970-255-7800 or visit the forms page on our website listed below.

### **Regarding health care decisions**

Federal law now directs that at any time you are admitted to a facility that receives Medicare or Medicaid funds, you must be told about Colorado laws concerning your right to make health care decisions. This requirement applies to all adult patients no matter what the medical condition.

Health care decisions are very important and require careful thought. You may wish to consult with your doctor, your family, your friends and your attorney.

- You have the right to consent to (accept) or refuse any medical care or treatment unless care has been ordered by a court. In an emergency, your consent is assumed if you do not or cannot indicate a contrary decision.
- You, your legal guardian, your legal agent, or a proxy decision-maker selected in accordance with Colorado law can make health care decisions for you.
- Because a situation may arise in which you are not conscious or able to make specific health care decisions for yourself, you may want to make your health care wishes and decisions known in advance. You can do this by executing documents called advance medical directives; there are basically four types:

### **Living Will:**

A Living Will is a document that tells your doctor to withhold or withdraw artificial life support or nourishment measures if you develop a terminal condition, as defined by Colorado law. You can cancel your Living Will at any time.

### **Durable Medical Power of Attorney:**

A durable medical power of attorney is a document authorizing another person who is at least 18 years old to make health care decisions for you if you become temporarily or permanently unable to make them yourself. The person you name becomes your agent for this specific purpose only.

A durable medical power of attorney can authorize any type of health care decisions and is not limited to those situations involving a terminal condition. The document may give broad authority or specific directions.

The document must state that it will not be affected by your disability. Such a document should be notarized. There is no specific form provided by the Colorado Patient Autonomy Act.\*at C.R.S. 15-14-503

### **CPR Directive:**

A CPR Directive is a document telling ambulance or other emergency medical personnel, your doctor, or any health care facility to which you may be admitted not to administer cardio-pulmonary resuscitation—that is, not to take measures to support or restore your heart or breathing functions in the event those functions become difficult or stop. A CPR directive requires a doctor's signature.

### **Jehovah Witness Card:**

A written document stating refusal to accept the administration of blood products.

### **Substitute Decision Maker (Proxy)**

If you execute no advance directive, appoint no legal agent, have no guardian, and are unable to communicate your wishes, medical decisions may be made for you by a person

called a proxy decision-maker who is selected by agreement of a group of "interested persons", usually consisting of your available family members. If the group cannot agree on a proxy decision-maker for you, any one of the interested persons may petition a court to appoint a guardian.

### **Guardian**

A guardian is a person appointed by a court to assist with the personal affairs of an individual who is unable to make his/her own decisions.

### **In Summary**

No Living Will, Durable Power of Attorney, or CPR Directive will take away your right to make your own health care decisions so long as you are able to do so. If you have drawn up one or more of these advance directives, it is your responsibility to make them available for inclusion in your medical record.

## **Identity Theft Prevention**

Protection of our patients' identities from fraud and abuse is taken seriously. Every adult patient registering for services must show a government-issued photo ID and proof of current address, unless paying in cash, in full, in advance of service.

## **Financial Arrangements**

Please refer to our Patient Brochure or website to review general financial policies. Our Business Office Representative at 970-255-7807 can provide cost estimates, create pay plans, accept payments and provide assistance with other billing questions.

[www.grandvalleysurgicalcenter.com](http://www.grandvalleysurgicalcenter.com)