

Registration (General)

Registration Start

Start Time _____

Staff _____

Patient Rights and Responsibilities

Patient Rights & Responsibilities

Patient Rights: As a patient of South Anchorage Surgery Center you have the right to:

1. Have your pain taken seriously;
2. Be treated with dignity, respect and in consideration and recognition of your individuality by our staff and representatives;
3. Exercise civil and religious liberties, including the right to independent personal decisions;
4. Be informed if the facility has authorized other health care and educational institutions to participate in your treatment. You also have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
5. Be free from any act of discrimination or reprisal;
6. Associate and communicate privately with persons of your choice;
7. Have reasonable access to a telephone to make and receive confidential calls;
8. Be informed of the facility's grievance procedure for handling complaints relating to your care;
9. Be free from physical or chemical restraints except as specified in AS 47.30.825 or 7 AAC 12.258;
10. Confidentiality and privacy of your protected health information and treatment;
11. Be free from unnecessary and excessive medications;
12. Be informed in a language that you understand, before or at the time of admission and during your stay, of services that are available in our facility and their cost;
13. Be fully informed, by your physician, of your medical condition, possible treatments or procedures, and expected outcome and to discuss this information with your physician before treatment is performed in a language that you understand;
14. Participate in the development of a plan of care, or discharge plan, and to receive instructions for self-care and treatment that include explanation of adverse symptoms and necessary precautions, as appropriate;
15. Be included in experimental research only when you have given informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. You may refuse to participate in experimental research, including the investigation of new drugs and medical devices;
16. Be required to perform work for the facility unless the work is part of your treatment and is performed voluntarily by you;
17. Be informed of your rights in this section and of all the rules and regulations governing patient conduct and responsibility in a language that you understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;
18. Be free from all forms of abuse or harassment;
19. Change providers if other qualified providers are available.

Patient Responsibilities: As a patient of South Anchorage Surgery Center you are responsible to:

1. Provide your physician with complete and accurate information and records to optimize your evaluation and treatment plan;
2. Be respectful and considerate of the rights and privacy of other patients and South Anchorage Surgery Center medical staff and employees;
3. Gather as much information as you need to make an informed decision;
4. Read carefully and follow the pre-operative instructions that your provider has given;
5. Notify the facility if you have not followed the preoperative instructions;
6. Provide transportation as directed to and from the facility appropriate to the medications and/or anesthetics that he/she will be receiving;
7. Follow the treatment plan prescribed or recommended for you by your health care providers, remember, if you refuse treatment or do not follow instructions, you are responsible for your actions;
8. Contact your provider if you experience any complications;
9. Keep scheduled appointments and notify South Anchorage Surgery Center if you are unable to do so. We request 24 hours notice for any appointment cancellation or rescheduling;
10. Cooperate fully with your providers in our mutually accepted treatment plan. If you refuse treatment or do not follow instructions, you are responsible for the consequences;
11. Inform your provider about any living will or "durable power of attorney for health care" or other directive that could affect;
12. Assure that the financial obligations of your care are fulfilled;
13. Provide a responsible adult to transport you from South Anchorage Surgery Center and remain with you for twenty-four (24) hours, if required by your provider.

Disclosure of Physician Ownership

I am aware that the following physicians have an ownership interest in South Anchorage Surgery Center.

I understand that I may choose any other facility for the purpose of having my surgery performed. I have decided to have my surgery at South Anchorage Surgery Center.

Alfred Lonser, MD

Patient Concerns and/or Grievances

It is the policy of the South Anchorage Surgery Center that all patients are provided a process by which they can present questions, concerns, and grievances about the South Anchorage Surgery Center. All patient concerns receive a timely and professional response.

Please contact the Administrator during regular business hours at (907) 929-8790 or write a statement and send it to: South Anchorage Surgery Center, LLC, 1917 Abbott Road Ste 103, Anchorage, Alaska 99507.

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

1. Alaska State Health Social Services, Director of Public Assistance, P.O. Box 110640, Juneau, Alaska 99801
2. The Office of the Medicare Beneficiary Ombudsman at 1-800-MEDICARE or go to:
www.medicare.gov/ombudsman/acitivities.asp
3. Accreditation Association for Ambulatory Healthcare, Inc. (AAAHC) at 847-853-6060 or go to www.aahc.org