

## Patient's Bill of Rights

**Information Disclosure.** You have the right to accurate and easily understood information about your health, the health care professionals and this health care facility. If you have a physical and/or mental disability, language barrier or just don't understand something, every attempt will be made to assist the patient to make informed health care decisions.

**Choice of Providers.** You have the right to a choice of health care providers that are sufficient to provide you with access to appropriate high-quality health care at this facility.

**Participation in Treatment Decisions.** You have the right to know your treatment options and to participate in decisions about your care. If a patient has been judged incompetent under State law by a court of proper jurisdiction, his /her rights may be exercised by the person appointed under State law to act on the patient's behalf; or, if a State court has not judged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law. This may include parents, guardians, family members, or other individuals that are legally designated to represent the patient.

**Respect and Nondiscrimination.** You have a right to considerate, respectful and nondiscriminatory care from your doctors, and other health care providers at this facility. You have the right to exercise your right and respect for property or person without being subjected to discrimination or reprisal.

**Confidentiality of Health Information.** You have the right to talk in confidence with health care providers and to have your health care information protected. You also have the right to review your own medical record and request that your physician change your record if it is not accurate, or complete. Access to or release of your medical record will only be allowed if written permission is given by you or your legally designated representative.

**Patient Comments & Grievance Reporting.** "We care cards" will be made available for patients to make responses regarding the care and treatment they receive at this facility. No patient will be discriminated against for their comments. If you would like to report a grievance, The Surgicare Center of Utah (SCU) has a formal process for handling Grievances. Please ask to speak to designated personnel.

**Advanced Directives.** The SCU does not provide advanced directives. However, SCU will honor advance directives already in place if the advance directive documentation is presented upon admission to SCU. If you have questions regarding advance directives, please ask to speak to designated personnel.

Medicare Beneficiary Ombudsman  
Website [www.cms.hhs.gov/center/asc.asp](http://www.cms.hhs.gov/center/asc.asp)

State of Utah  
Division of Health Systems Improvement  
Health Care Facility Unit  
P.O. Box 142003  
Salt Lake City, UT 84114-2003  
Phone: 801-538-6327  
Website <https://health.utah.gov/hflcra/>

By signing below, I certify that I received this information prior to the day of my procedure and I understand and acknowledge all of my rights described in this document.

Signature \_\_\_\_\_ DATE \_\_\_\_\_