



Big Sky Surgery Center, LLC
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PATIENT INFORMATION GUIDE

PATIENT BILL OF RIGHTS

- The PATIENT has the right to be treated with consideration, respect and dignity.
- The PATIENT and/or the PATIENT REPRESENTATIVE have the right to all complete and current information concerning his/her diagnosis and treatment and in terms that he/she can understand. The PATIENT has the right to know the person(s) responsible for coordinating their care. If not medically advisable to give information to the patient, the information shall be made available to an appropriate person on the patient's behalf.
- The PATIENT has the right to receive from the physician enough information so that he/she may understand the services being rendered in order to sign the informed consent.
- The PATIENT has the right to refuse treatment and to be informed of the consequences of his/her actions.
- The PATIENT has the right to privacy of any information or treatment concerning his/her own medical care.

- The PATIENT has the right to be informed of any persons other than routine personnel that would be observing or participating in his/her treatment and to refuse that observation and/or participation.
- The PATIENT has the right for all medical records to be treated as confidential and given the opportunity to approve or refuse their release unless it would cause a negative outcome in the continuation of medical care.
- The PATIENT has the right to information concerning the facility to which he/she may have to be transferred. The facility, that the patient is to be transferred to, must give approval prior to the patient transfer.
- The PATIENT has the right to know if any research will be done during his/her treatment and has the right to refuse it.
- The PATIENT has the right to expect quality care and service from Big Sky Surgery Center, LLC.
- The PATIENT has the right to be informed of the mechanism by which he/she will have continuing health care following discharge from Big Sky Surgery Center, LLC.
- The PATIENT has the right to examine and receive an explanation of their bill, regardless of the source of payment.
- The PATIENT has the right to know, in advance, the expected amount of his/her bill, regardless of the source of payment.
- The PATIENT has the right to know what Big Sky Surgery Center, LLC Rules and Regulations apply to his/her conduct as a patient.
- The PATIENT has the right to know if their physician has a financial and ownership interest in Big Sky Surgery Center, LLC. Patients have the right to be treated at another health care facility of their choice. If the PATIENT has any questions regarding this, they should be in contact with their physician.
- The PATIENT has the right to have a verbal or written grievance submitted, investigated and to receive a written notice of the Center's decision.

PATIENT RESPONSIBILITIES

- It is the PATIENT'S responsibility to read and understand all permits and/or consents to be signed. Either ask the nurse or physician to clarify any information not understood about your care or services.
- It is the PATIENT'S responsibility to provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- It is the PATIENT'S responsibility to notify Big Sky Surgery Center, LLC, if you have a living will, medical power of attorney or other directive that could affect your care.
- It is the PATIENT'S responsibility to follow the treatment plan prescribed by his/her provider and to notify Big Sky Surgery Center, LLC, on admission if pre-operative instructions have not been followed.
- The PATIENT is responsible for their actions if they refuse treatment or do not follow pre-operative instructions.
- It is the PATIENT'S responsibility to provide adult transportation from Big Sky Surgery Center, LLC appropriate to the medications and/or anesthesia to be given and according to pre/post-operative instructions.
- It is the PATIENT'S responsibility to follow the post-operative instructions given by the physician(s) and/or nurses. This includes instructions regarding post-operative appointments.
- It is the PATIENT'S responsibility to contact the physician if any complications occur.
- It is the PATIENT'S responsibility to assure all payments for service rendered are on a timely basis and the ultimate responsibility is the patients, regardless of the insurance coverage.
- It is the PATIENT'S responsibility to provide financial and/or insurance information regarding who will be responsible for the bill including current address and authorized contact information.

- It is the PATIENT'S responsibility to notify the administration of Big Sky Surgery Center, LLC, if the PATIENT or the PATIENT REPRESENTATIVE thinks their right(s) have been violated or if the PATIENT has a significant complaint.
- It is the PATIENT'S responsibility and those accompanying the PATIENT to be respectful of all health care providers and staff, as well as other patients and follow the Center's policies.

GRIEVANCE POLICY

Submission and Investigation of Grievances

You have the right to have your verbal or written grievances submitted, investigated and to receive a written notice of the Center's Decision.

The following are the names and/or agencies you may contact:

Big Sky Surgery Center, LLC
Clinical Director
2833 Fort Missoula Rd
Missoula, MT 59804
406-542-6559

You may contact your state representative to report a complaint:

Montana State Auditor's Office
840 Helena Avenue
Helena, MT 59601
(406) 444-2040
1-800-332-6148 (MT)

Sites for address and phone numbers of regulatory agencies:

Medicare Ombudsman Web site:
www.cms.hhs.gov/center/ombudsman.asp

Medicare: www.medicare.gov or call 1-800-MEDICARE
(1-800-633-4227)

Office of the Inspector General: <http://oig.hhs.gov>

ADVANCED DIRECTIVE/LIVING WILL

This information is being provided to you for reference only and is not intended to provide legal advice.

The Patient Self Determination Act was passed by Congress in 1990. The instrument for this Act and similar acts in individual states is called an Advance Directive. Health care institutions are required to tell patients about their rights under the law to make decisions about their health care – the right to accept or refuse care and the right to make Advance Directives about their health care, were included in those Acts. It is emphasized that this information is provided as general information only and it is necessary for the patient to find out about the legal differences regarding the legal rights in the state where you live.

WHAT IS AN ADVANCE DIRECTIVE?

An **advance directive** tells your doctor what kind of care you would like to have if you become unable to make medical decisions (if you are in a coma, for example). If you are admitted to the hospital, the hospital staff will probably talk to you about advance directives.

A good advance directive describes the kind of treatment you would want depending on how sick you are. For example, the directives would describe what kind of care you want if you have an illness that you are unlikely to recover from, or if you are permanently unconscious. Advance directives usually tell your doctor that you don't want certain kinds of treatment. However, they can also say that you want a certain treatment no matter how ill you are.

Advance directives can take many forms.

Laws about advance directives are different in each state. You should be aware of the laws in your state.

WHAT IS A LIVING WILL?

A **living will** is one type of advance directive. It only comes into effect when you are terminally ill. Being terminally ill generally means that you have less than six months to live. In a living will, you can describe the kind of treatment you want in certain situations. A living will doesn't let you select someone to make decisions for you.

WHAT IS A DURABLE POWER OF ATTORNEY FOR HEALTH CARE?

A **durable power of attorney (DPA)** for health care is another kind of advance directive. A DPA states whom you have chosen to make health care decisions for you. It becomes active any time you are unconscious or unable to make medical decisions. A DPA is generally more useful than a living will. But a DPA may not be a good choice if you don't have another person you trust to make these decisions for you.

Living wills and DPA's are legal in most states. Even if they aren't officially recognized by the law in your state, they can still guide your loved ones and doctor if you are unable to make decisions about your medical care. Ask your doctor, lawyer or state representative about the law in your state.

SHOULD I HAVE AN ADVANCE DIRECTIVE?

Most advance directives are written by older or seriously ill people. For example, someone with terminal cancer might write that she does not want to be put on a respirator if she stops breathing. This action can reduce her suffering, increase her peace of mind and increase her control over her death. However, even if you are in good health, you might want to consider writing an advance directive. An accident or serious illness can happen suddenly, and if you already have a signed advance directive, your wishes are more likely to be followed.

HOW CAN I WRITE AN ADVANCE DIRECTIVE?

You can write an advance directive in several ways:

- Use a form provided by your doctor.
- Write your wishes down by yourself.
- Call your state senator or representative to get a form.
- Call a lawyer.
- Use a computer software package for legal documents.

Advance directives and living wills do not have to be complicated legal documents. They can be short, simple statements about what you want done or not done if you can't speak for yourself. Remember, anything you write by yourself or with a computer software package should follow your state laws.

You may also want to have what you have written reviewed by your doctor or a lawyer to make sure your directives are understood exactly as you intended. When you are satisfied with your directives, the orders should be notarized if possible, and copies should be given to your family and your doctor.

CAN I CHANGE MY ADVANCE DIRECTIVE?

You may change or cancel your advance directive at any time, as long as you are considered of sound mind to do so. Being of sound mind means that you are still able to think rationally and communicate your wishes in a clear manner. Again, your changes must be made, signed and notarized according to the laws in your state. Make sure that your doctor and any family members who knew about your directives are also aware that you have changed them.

If you do not have time to put your changes in writing, you can make them known while you are in the hospital. Tell your doctor and any family or friends present exactly what you want to happen. Usually, wishes that are made in person will be followed in place of the ones made earlier in writing. Be sure your instructions are clearly understood by everyone you have told.

You can obtain up to date Montana information about advance directives, along with statutory forms, if they exist in your state, from:

Legal Counsel for the Elderly (LCE)
American Association of Retired Persons
P. O. Box 96474
Washington, DC 20090-6474

LCE has state-specific guidebooks about advance directives. If you want to order a booklet, send \$5.00 per booklet (for shipping and handling) to the above address.

Every state and the District of Columbia have laws that permit individuals to sign documents stating their wishes about health care decisions when they cannot speak for themselves. The specifics of these laws vary, but the principle of listening to the patient's wishes is the same everywhere. The law gives weight to any form of written directive. If the courts become involved, they usually try to follow the patient's stated values and preferences, especially if they are in written form. A Health Care Advance Directive may be the most convincing evidence of your wishes you can create.

BIG SKY SURGERY CENTER HAS CHOSEN NOT TO RECOGNIZE PATIENT'S ADVANCE DIRECTIVE'S

Big Sky Surgery Center, LLC recognizes that the purpose of being an ambulatory surgery center is to provide elective surgical procedures to stable patients. Therefore, this is why we have elected not to recognize the patient's advanced directives and/or living will. However, in the event that the patient requires transfer to an acute care hospital setting, a copy of the Advanced Directives/Living Will, will be made and accompany the patient.

PHYSICIAN OWNERSHIP

Your Physician may have financial and ownership interest in Big Sky Surgery Center, LLC. Patients have the right to be treated at another health care facility of their choice.

If you have any questions regarding this, please speak directly to your Physician.

By signing below I am stating that I have received verbal and written information, in a language I understand, from Big Sky Surgery Center, LLC, prior to the day of my procedure, regarding the following items:

- Patient Rights & Responsibilities
- Grievance Policy
- Advanced Directive/Living Will
- Physician Ownership

Signature of Patient or Legal Representative

Date

Printed Name

Patient Label