

COLUMBIA GORGE SURGERY CENTER (CGSC)

1020 Webber Street

The Dalles, OR 97058

www.cgsurgery.com

Phone: 541-769-0426

Fax: 541-769-0431

Billing Office:

541-296-1450

Hours:

Mon. – Thurs. 8 a.m. – 5 p.m.

**Patient Rights and Responsibilities**

**As a Patient, You Have the Right to:**

To have access to the patient rights and responsibilities established by the center;

Be treated with respect, consideration and dignity;

The right to effective communication;

The right to be respected for your cultural and personal values, beliefs, and preferences;

To be provided appropriate privacy;

The right to pain management;

The right to access, request amendment to, and obtain information on disclosure of his or her health information, in accordance with law and regulation;

The right to receive care in a safe setting;

The right to information in a manner tailored to the patient’s age, language, and ability to understand;

The center provides interpreting and translation services;

The center communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that fits the patient’s need.

To be free from all forms of abuse and harassment;

To be fully informed about a treatment or procedure and the expected outcome before the procedure is performed;

The organization respect’s the patient’s right to receive care in a safe setting;

Appropriate information regarding the absence of malpractice insurance coverage.

If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient’s behalf;

If the state court has not adjudged a patient incompetent, any legal representative designated by the patient, in accordance with state law, may exercise the patients’ rights to the extent allowed by state law;

To see posted written notice of the patient rights in a place or places within the ASC likely to be noticed by patients (or their representative, if applicable) waiting for treatment. The written poster will include name, address, and telephone number of a representative of the state agency to whom the patient can report complaints, as well as the web site for the Office of the Medicare Beneficiary Ombudsman;

Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law;

Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or a legally authorized person;

Patients are given the opportunity to participate in decisions involving their healthcare, except when such participation in contraindicated for medical reasons;

The center involves the patient’s family care , treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.

The center provides the patient or surrogate decision maker, with information about the outcomes of care, treatment, or services that the patient needs in order to participate in current and future health care decisions.

The center informs the patient, or surrogate decision-maker, about unanticipated outcomes of care, treatment.

Patients are informed of their right to change their provider if other qualified providers are available.

Marketing or advertising regarding the competence and capabilities of the organizations is not misleading to patients.

Patients are informed about procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations.

The patient has the right to voice grievances regarding treatment or care that is (or fail to be) furnished.

The patient has the right to exercise his or her rights without being subject to coercion, discrimination, reprisal, or interruption of care that could adversely affect the patient.

**Advance Notice Rights:**

The patient has the right to receive verbal and written notice in advance of the date of the procedure, in a language and manner that the patient or the patient’s representative understands regarding;

**Patient Rights and Responsibilities;**

The center’s policy on Advance Directives: To provide the patient, or as appropriate, the patient’s representative in advance of the date of the procedure, with information concerning its policies on advance directives, including a description of applicable state health and safety laws and if requested, official state advance directive information forms. (The ASC must document in a prominent part of the patient’s current medical record, whether or not the individual has executed an advance directive.)

Patient Grievance Procedure: Patients are informed about procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations.

Disclosure of Ownership: To receive written information about their physician’s possible ownership in the ASC. Patients are informed about physician ownership prior to their procedure.

**The Patient Has the Right to Information Concerning:**

Patient rights, conduct and responsibilities;

Services available at the organization;

Provisions for after hour emergency care;

Fee for services;

Payment policies;

Patient’s right to refuse participation in experimental research;

Advance directives, as required by state and/or federal law and regulations;

The credentials of health care professionals;

**Prior to receiving care, patients are informed of their responsibilities. These responsibilities require the patient 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;

Follow the treatment plan prescribed by his/her provider;

Provide a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours, if required by his/her provider;

Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care;

Accept personal financial responsibility for any charges not covered by his/her insurance;

Be respectful of all the healthcare providers and staff, as well as other patients.

**To Report A Concern:**

**Clinical Director at CGSC**

Tyson Summers, CRNA

541-769-0426

**Oregon State Department of Public Health**

800 NE Oregon St.,Suite 305 Portland OR

971-673-0540

www.healthoregon.org/hclc

Public Health Division

To file a complaint, mailbox.hclc@state.or.us

**Office of the Medicare Beneficiary Ombudsman**

Visit [www.cms.gov/center/ombudsman.asp](http://www.cms.gov/center/ombudsman.asp) on the web or call 800-MEDICARE (800-633-4227) for more information, to ask questions, and to submit complaints about Medicare to the Office of the Medicare Ombudsman. TTY users should call 877-486-2048

**Grievance Policy**

CGSC strives to provide quality care and achieve patient satisfaction. Patient grievances or complaints provide a means to measure achievement of this goal and to identify need for performance improvement. Patients shall be provided with a means to register a complaint concerning any aspect of the service/care provided by the center.

Each patient shall receive a written patient questionnaire upon discharge giving him/her an opportunity to evaluate his/her care.

Any patient may express his/her concerns through the said Questionnaire or by a simple informal complaint. Such a complaint may be registered by telephone, in writing or in person

to any member of the center staff. All complaints received by center personnel shall be forwarded to the Clinical Director or

his/her designee the same day.

The Clinical Director or his/her designee will attempt to address and resolve the concern by telephone or in person within three (3) days.

If subsequent to this contact by the center, the patient continues to have a concern, the patient may submit the complaint or grievance in writing to the Medical Director. The Medical

Director will consider the submitted grievance and may request additional information or documentation.

Once the collection of relevant information for the grievance is determined to be complete, the Medical Director will respond to

the grievance in writing within thirty (30) days. If the Medical Director is not able to make a determination within this thirty (30) day period, he/she will notify the patient in writing regarding the status of his/her grievance.

**Contact Information**

Columbia Gorge Surgery Center: 541-769-0426

Clinical Director: Tyson Summers, CRNA

**Contact Information for AAAHC:**

Accreditation Association for Ambulatory Health Care

5250 Old Orchard Road, Suite 200

Skokie, IL 80077

Tel: 847-853-6060

Fax: 847-853-9028

**Disclosure of Ownership**

The Columbia Gorge Surgery Center is a Limited Liability Corporation (LLC), which is owned by Gregory M Stanley, MD, John D. Willer, DO, and Daniel J. Kelly, MD.

You have the right to choose an alternative source of service. Please contact your surgeon to obtain a list of sites where he has privileges to practice.

**Advanced Directive: Statement of Limitation**

This facility does not provide implementation of advanced directives; on the basis of conscience (the scheduled procedure is an elective procedure), regardless of the contents of any advance directive or instructions from a health care surrogate or attorney. If an adverse event occurs at facility, we will initiate resuscitative or other stabilizing measures and transfer patient to an acute care hospital for further evaluation. The receiving hospital will implement further treatment or withdrawal of treatment measures already begun in accordance with patient wishes, advance directive or health care power of attorney.