

Patient Rights and Responsibilities

In recognition of our responsibility in rendering patient care, these rights and responsibilities are affirmed in the policies and procedures of Premier Surgical Center of Michigan.

The patient has the right to:

- Receive care in a safe setting, be treated with courtesy and respect, with appreciation of their individual dignity and with protection of their need for privacy, and be free from any act of discrimination or reprisal.
- Make informed decision regarding their care, and be informed of his/her right to change their provider if other qualified providers are available.
- Be accurately notified of the accreditation status of Premier Surgical Center of Michigan, reflecting AAAHC as the accrediting entity
- Know that any marketing or advertising regarding the competence and capabilities of the organization is not in any way misleading to the patient.
- Know who is providing medical services and availability of other qualified providers if change is requested.
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- Know what rules and regulations apply to his or her conduct.
- Be fully informed by the health care provider, concerning diagnosis, planned course of treatment or procedure, alternatives, risks, and the prognosis before it is performed.
- Receive impartial access to medical treatment or accommodation, regardless of race, national origin, religion, physical handicap, or source of payment, and free from all forms of abuse or harassment
- Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for purposes of experimental/research and to give his or her consent or refusal to participate in such experimental research.
- Participate in decisions involving their health care, unless contraindicated by concerns for their health.
- Participate in an appropriate assessment and management of pain.
- Refuse treatment, except as otherwise provided by law.
- Be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- Know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have charges explained.
- Be advised prior to care in the event any facility providers do not have Malpractice insurance.
- Express grievances regarding treatment or care that is (or fails to be) furnished, any violation of his or her rights, as stated in applicable state and/or Federal law, through the grievance procedure of the health care provider or health care facility, which served him or her, and to the appropriate state-licensing agency.

A patient is responsible for:

- Providing the healthcare team with accurate and complete information, and to the best of his/her knowledge, about present complaints, past illnesses, hospitalizations, medications, dietary supplements, over-the-counter medications, allergies as well as reactions, and other matters relating to his/her health.
- Providing a complete list of current medications including over-the-counter products and dietary supplements,

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and any allergies or sensitivities along with their reaction.

- Reporting any unexpected changes in his/her condition to the health care provider.
- Confirming to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him/her.
- Full participation with the treatment plan recommended by the health care provider.
- A responsible adult to transport him/her home from the facility and remain with him/her for twenty-four hours (24), if required by his/her provider.
- Punctuality at appointments and when he or she is unable to do so for any reason, notifying the health care facility.
- Accountability for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- Fulfillment of their financial obligations for the health care provided by the facility, which is not covered by their insurance, as promptly as possible.
- Cooperation in following facility rules and regulations affecting patient care and conduct.
- Leaving his/her valuables at home, as Premier Surgical Center of Michigan does not assume any responsibility, should they be damaged or lost.
- Information regarding his/her living will, medical power of attorney, or other directive that could affect his/her care.
- Act in a manner that is respectful of other patients, staff, and facility property.
- Any concerns or questions regarding what to expect relative to pain, pain management and other options available.
- Providing feedback about service needs, expectations, and any complaints/grievances.
 - The patient can present a complaint / grievance to the facility management:
 - In person or;
 - By calling 586-263-5043

Premier Surgical Center of Michigan seeks to address problems and concerns as quickly as possible. Anticipation of potential problems and sensitivity to patients' concerns will be utilized by staff to solve patient problems. In the event a patient or visitor is dissatisfied with some aspect of their experience with the center, the patient grievance/complaint procedure will be utilized to address these concerns. A letter to the patient updating them on the process of investigation or results of the investigation will be sent within 7 days of receiving the grievance and every 30 days until the grievance is resolved. Upon completion of the investigation, the Administrator will send a letter to the patient to relay his/her findings and the results.

The Michigan Department of Health is the agency responsible for complaints concerning care at an ambulatory surgical center, which they license. Michigan Health and Human Services Commission Bureau of Survey and Certification (BSC) is responsible for helping you with grievances, complaints, and requests with Medicare / Medicaid.

You may contact:

Michigan Department of Licensing & Regulatory Affairs
Bureau of Survey and Certification-Complaint Intake
Section
PO Box 30838
Lansing, MI 48909
(800) 882-6006
<https://apps.lara.state.mi.us/BscComplaintIntakeForm>

If you are a Medicare recipient and have a complaint against a health care professional or facility you may contact the Office of the Medicare Beneficiary Ombudsman by calling 1-800-MEDICARE or <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>