



## **Preoperative Facility Disclosure**

### **Your Rights and Responsibilities as a Patient**

The doctors, nurses and staff of the High Resort Eye Surgery Center are committed to meeting your needs as our patient. We are committed to providing the best care available, to respecting your rights and to helping you recognize your responsibilities as a patient. This information has been prepared to help you understand both your rights and responsibilities. We believe that patients who understand and participate in their healthcare are better able to achieve the desired recovery.

**Care and decision making:** You or your legally authorized representative have the right to:

- Receive care regardless of your race, creed, color, national origin, ancestry, religion, sex, marital status, age, newborn status, handicap or source of payment
- Be treated with consideration, respect, and recognition of your individuality and personal care, including the need for privacy in treatment
- Have the opportunity to participate to the fullest extent possible in planning for your care and treatment
- Have your consent obtained before treatment is administered, except in emergencies
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of your refusal
- A full explanation, provision for continuing care and acceptance by the receiving institution, and doctor if you are transferred to another facility, except in emergencies
- Designate who may be permitted to visit during your stay in accordance with Surgery Center policy
- Make decisions regarding your care or select a representative to act on your behalf if you are unable to do so
- Make informed decisions regarding your care including being informed of your health status
- Consult with a specialist, at your own expense
- Formulate advance directives and to have Surgery Center staff and practitioners who provide care in the Surgery Center comply with these directives
- Receive reasonable continuity of care within the scope of services offered and staffing of the facility
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

- be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff

**Information:** You or your legally authorized representative has the right to:

- Have your medical records, including all computerized medical information, kept confidential
- Access to your medical record
- Know the names of your doctors and others who have overall responsibility for your care
- Receive from your doctors or the nurses caring for you, information about your illness, course of treatment and prognosis for recovery in terms you can understand
- Receive a copy of these rights and responsibilities at the time of admission
- Be fully informed and give prior consent for your participation in any form of research or experimentation
- Examine and receive an explanation of your Surgery Center bill regardless of source of payment, and may receive upon request, information relating to financial assistance available through the Surgery Center
- Be informed of your responsibility to comply with the Surgery Center rules, cooperate in your own treatment, provide a complete and accurate medical history, be respectful of other patients, staff and property, and provide required information concerning payment of charges
- Ask questions until you are comfortable that you understand an issue regarding your diagnosis or care
- An explanation of any procedure, including an operation, its risks and consequences and available alternatives
- Information about any continuing health care requirements
- Be aware your physician may have financial interests in the Surgery Center

**Procedure for patient complaints or grievances:** You or your legally authorized representative has the right to:

- Expect prompt, personal action in addressing a need or concern
- A resolution of a complaint within a short time frame agreed to, by you and the person responding to you
- The attention of a director in the resolution of a complaint regarding your care, without fear of reprisal, should you request it

- Express a complaint about your care or treatment; in order to initiate a complaint, you may ask to speak to the center's Coordinator at the location of your surgery or you may address your concerns in writing and send to:

High Resort Eye Surgery Center

Attention: Surgical Program Director

8801 Horizon Blvd NE Suite 360

Albuquerque, NM 87113

(505)768-1333

- The Surgical program director shall call or write to the patient acknowledging receipt of the complaint within five (5) working days of receiving the complaint. If the Director cannot resolve the matter, it will be referred to the attention of the Medical Director of the Surgery Center.

Complaints regarding this ASC may be filed with the New Mexico Department of Health at the following address:

Health Facility Licensing and Certification Bureau

2040 South Pacheco

2nd Floor Room 413

Santa Fe, NM 87505

1-800-752-8649

Complaints regarding this ASC may be filed with the Office of the Medicare Beneficiary Ombudsman at the following:

<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

Call: 1-800-MEDICARE (1-800-633-4227)

[www.quickbrochures.net/medicare/medicare-ombudsman-and-complaints.htm](http://www.quickbrochures.net/medicare/medicare-ombudsman-and-complaints.htm)

## **Advance Directives**

Good advance planning for health care decisions is, in reality, a continuing conversation, about values, priorities, the meaning of one's life, and quality of life. With the increasing ability of medical science to sustain our lives, people are living much longer than ever before. Unfortunately, as we grow older and experience poor health, we may find ourselves in a position where decisions need to be made as to how we wish to be treated in a variety of medical situations at the end of our lives. Further, sometimes we find ourselves in a condition where we can no longer express our preferences. **Advance health care directives** allow us to deal with these situations. Without such directives, your family may find it necessary to obtain court orders to deal with your medical situation.

By expressing such preferences in a **written legal document**, you are ensuring that your preferences are made known. Physicians prefer these documents because they provide a written expression from you as to your medical care and designate for the physician the person he or she should consult concerning unanswered medical questions. Rather than the physician having to obtain a consensus answer from your family as to your treatment, the physician knows your preferences and knows whom you want to provide decisions when you cannot do so. Making your wishes known in advance prevents family members from making such choices at what is likely one of the most stressful times in their lives.

The High Resort Eye Surgery Center respects and upholds the rights of all patients to participate in their own health care decisions. When patients are unable to make these decisions for themselves, Advance directives are executed and Powers of Attorney are recognized authorization of care.

### ***Not a Revocation of Advance Directive or Medical Powers of Attorney***

Unlike an acute care hospital setting, the Surgery Center does not routinely perform “high-risk” procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a Durable Power of Attorney, that if an adverse event occurs while at the High Resort Eye Surgery Center, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment will be instituted in accordance with your wishes, Advance Directive or Durable Power of Attorney. Your agreement with this policy by your signature below does not revoke or invalidate any current Advanced Directive or Durable Power of Attorney. If you have an executed advance directive, please bring a copy with you on the day of surgery. If you would like more information on advance directives **please ask**.

### **Ownership Disclosure**

I understand that Eye Associates of New Mexico has ownership interest in the High Resort Eye Surgery Center (HRESC). If I have any questions regarding this ownership, I will ask my doctor or notify the HRESC Surgical Program Director. I understand that I have a right to choose the providers and facilities for my healthcare and I have elected to have surgery performed at HRESC

By signing this document, I (or my patient representative) acknowledge that I have received a copy of my rights and responsibilities, information on advance directives and understand and agree to the policies/procedures/disclosures as described above.

All of this information can be found on our website: <http://www.hrescnm.com>