



South Denver Surgery Center
300 E Mineral Ave Suite 9
Littleton, CO 80122
(720) 360-3400
www.southdenversc.com

Patient Rights – As a patient of SDSC you have the right:

- To receive equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care and to be treated in a dignified manner.
- To be fully informed of treatment options, alternatives, associated risks and side effects, and to have complete information regarding diagnosis, treatment, procedure, and prognosis.
- To make informed decisions regarding the course of treatment recommended by your physician and refusal thereof, including changing providers or treatment location.
- To exercise your rights without being subjected to discrimination or reprisal.
- To voice grievances regarding treatment or care that is, or fails to be provided.
- To personal privacy, including confidentiality of protected health information (PHI), authorization for release of PHI to outside entities (except where covered by law), and to access and/or copies of personal Medical Records.
- To receive care in a safe environment (free from all forms of abuse or neglect), and provided by qualified personnel.
- To be informed of any human experimentation, research, or educational projects affecting your course of treatment with the option to refuse such projects without compromising ordinary care.
- To express or practice spiritual or cultural beliefs which do not harm or interfere with the care provided to you, other patients, or other persons in the center.
- To receive information in a method understandable to you.
- To have regular assessment and treatment of pain.
- To be provided directly, or to a responsible adult caregiver, education appropriate for your treatment and post-operative care

Patient Responsibilities – As a patient of SDSC you are responsible for:

- Being considerate of other patients, personnel and property in the center and observing facility and campus rules during your stay
- Arranging with a responsible adult, a ride from the center and post-procedural care.
- Following prescribed pre-operative and post-operative instructions to reduce risks and complications associated with treatment.
- Making informed decisions regarding treatment and verbalizing any questions or concerns that would hinder such decisions.
- Providing care givers with accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, unexpected changes in condition or any other health matters.
- Promptly fulfilling financial obligations to the facility.
- Communicating any safety concerns.

Disclosure of Ownership

South Denver Surgery Center is a joint venture facility owned by PorterCare Adventist Health Systems, United Surgical Partners International and independent physicians. We will inform you of your physician's involvement with SDSC or provide a list of current physician investors upon your request.

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at (303) 730-2376 or by mail at the address above.

Complaints or grievances may also be filed through the State of Colorado Office of Public Health at:
Director, Health Facilities Division
Colorado Department of Public Health & Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1530
(303) 692-2000
<http://www.cdphe.state.co.us>

Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman at: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Advanced Directive Notification

In the state of Colorado, all patients have the right to participate in their own health care decisions to make Advanced Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make or communicate decisions.

As an elective, non-emergent health care provider, it is our policy, regardless of the contents of any Advanced Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative and/or stabilizing measures and transfer you to an acute care hospital for further evaluation. The receiving hospital will conduct or withhold further treatments in accordance with your, Advanced Directive or health care Power of Attorney.

If you do not agree with this policy, please notify your physician.

If you wish to complete an Advanced Directive, copies of the State forms are available at our facility.

By signing this document, I acknowledge that I have received this information prior to the date of surgery and understand its contents:

Patient/Patient Representative Signature Date