



## WEST WICHITA SURGERY CENTER

8200 West Central • Suite Three • Wichita, Kansas 67212-9503 • Phone 316-491-6300

### **PATIENT RIGHTS AND RESPONSIBILITIES**

As a patient of West Wichita Surgery Center, you have the right to:

- Become informed of your rights as a patient in advance of your procedure. You may appoint a representative to receive this information should you so desire. These rights will apply to the person legally responsible for health care decisions on your behalf.
- Be treated with dignity, considerate and respectful care, given by competent personnel and provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Receive, to the degree known, complete information concerning your diagnosis, evaluation, proposed treatment or procedures to be performed, potential complications and prognosis as you may need in order to give informed consent or to refuse the course of treatment. This information may be given to a legally authorized person or to a person designated by you.
- Participate in the development and implementation of your plan of care and actively participate in decisions regarding your medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment and be informed of the medical consequence of refusal.
- Maintain personal privacy and security of self and belongings during the delivery of patient care services.
- Receive information in a manner that you understand. WWSC will make a reasonable response to the need/request for assistance in effective communication, regardless of language or disability.
- Access information contained in your medical record at WWSC within a reasonable time frame within the limits of state law.
- Be informed of the continuing healthcare requirements following your discharge from WWSC.
- Be informed of expected services and financial charges and receive an explanation of your bill.
- Receive a copy of Notice of Rights to Privacy.
- Have your health information treated with confidentiality and are given the opportunity to approve or refuse the release of such information except when required by law.
- Be informed of your responsibilities as a patient prior to receiving care.
- Change your provider if other qualified providers are available.
- Information concerning: your rights as a patient, patient conduct and responsibilities, services available at the WWSC, provisions for after hours and emergency care, fee for services, payment policies, and credentials of WWSC healthcare professionals and policies on advance directives.
- Be informed of policies and procedures that relate to your care, treatment and resources for resolving disputes, grievances and conflicts within WWSC, and procedures for expressing suggestions, and exercising your rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.

- Be informed that WWSC is owned, operated, and managed by the Physician Partners of West Wichita Family Physicians, P.A.
- Formulate advance directives, under Kansas statute this includes, Living Will Declaration, Durable Power of Attorney for Health Care or Do Not Resuscitate Directive. More information including forms on advance directives are available upon request.

As a patient of West Wichita Surgery Center, you have the responsibility to:

- Be respectful of all the health care providers and staff, as well as other patients.
- Provide complete and accurate information to the best of your ability about your health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Follow the treatment plan prescribed by your provider.
- Provide a responsible adult to transport you home from the WWSC and remain with you for 24 hours, if required by your provider.
- Inform your provider about any advance directives including: living will, durable power of attorney for healthcare, or other directive that could affect your care.
- Accept personal financial responsibility for any charges not covered by your insurance.
- Follow surgery center rules, including the "NO SMOKING" and "NO WEAPONS" policy.
- Promote the safety of other patients and staff.
- Make your concerns and complaints known.

### **Reporting of Abuse, Neglect or Exploitation**

The administrator of the WWSC shall be responsible for reporting any incidents of abuse, neglect, or exploitation of any patient including children.

### **Grievances/Complaints**

A process for handling complaints or grievances pertaining to your healthcare service at WWSC is strictly followed by the WWSC. You may direct grievances/complaints to the following: **WWSC Risk Manager** by phone: **316-491-6340** or by mail: WWSC Attn. Risk Manager-8200 W. Central Ste. Three-Wichita, KS 67212.

**Accreditation Association for Ambulatory Healthcare** by phone **847-853-6060**

**Office of Medicare Beneficiary Ombudsman** [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

The role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help they need to understand their Medicare options and to apply their Medicare rights and protections.

### **Kansas Department of Health and Environment**

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