

## SHERIDAN SURGICAL CENTER, LLC

### Disclosure of Patient Rights

#### **As a patient of Sheridan Surgical Center you have the following *rights*:**

- The *right* to receive quality care and safe treatment given in a respectful and considerate manner free of discrimination and abuse.
- The *right* to change to a different provider outside of Sheridan Surgical Center.
- The *right* to privacy regarding your medical care in case discussion, consultation, examination and treatment.
- The *right* to receive all information necessary from your physician to give informed consent prior to the start of any procedure and/or treatment and the responsibility to ask questions if you do not understand any aspect of your care and treatment.
- The *right* to participate with your physician in making decisions involving your health care and the right to choose a surrogate decision maker in the event one is needed.
- The *right* to know the names, professional status and experience of the personnel providing care.
- The *right* to know whether the facility is involved in any teaching, research, or experimental programs.
- The *right* to refuse any drugs, tests, procedures, or treatments, and to be informed of the medical consequences of your decision.
- The *right* to be informed of the surgery center's rules and regulations as they pertain to your admission.
- The *right* to receive an estimate of the charges for services based on your admitting diagnosis, and an estimate of any co-payments or other charges that may not be covered by your carrier, based on the insurance information you have provided.
- The *right* to view your medical record within the guidelines established by law (Only those individuals who are involved in your care or are authorized by law have access to your medical record. Anyone else wishing to view your medical record must obtain written consent from you).
- The *right* to express complaints and concerns about your care without fear of recrimination. Formal grievances can be filed by contacting the Administrator at (307) 672-7874 or completing a grievance form which can be obtained from the receptionist.

#### **As a patient of Sheridan Surgery Center you have the following *responsibilities*:**

- The responsibility to be considerate of other patients and staff and to respect their rights to privacy and property.
- The responsibility to ask questions if you do not understand any aspect of your care and treatment.
- The responsibility to be considerate and respectful of those who are caring for you.
- The responsibility to provide accurate, honest and complete information about your medical history that will help us care for you, including information about medications and drugs you have used, previous illnesses, injuries or medical care you have received, and information about your current health status.
- The responsibility to follow your health care provider's instructions, take medications as prescribed and ask questions concerning your health care, if necessary, once you have agreed to the recommended care.
- The responsibility to provide a responsible adult to drive you home and stay with you for 24 hours after surgery.

A formal grievance form can be obtained from the Receptionist. Patients or the patient's representative may also file a written complaint/grievance with the Administrator: Sheridan Surgical Center  
1524 West 5<sup>th</sup> Street  
Sheridan, WY 82801  
(307) 672-7874

The Administrator will be responsible for providing the patient with a written response within fourteen (14) days from the date of receipt of the complaint or grievance. The patient has the right to complain to the following agencies if our facility's response is not satisfactory:

Wyoming Department of Health  
(307) 777-7656

Medicare Beneficiary Ombudsman  
(800) 633-4273  
[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)