

**Stark Ambulatory Surgery Center
Canton, Ohio 44718**

Patient Rights and Responsibilities

Rights

1. The right to quality care and treatment.
2. The right to know the names of those treating you.
3. The right to respectful safe care and treatment, free from abuse and harassment.
4. The right to participate in decisions concerning care and treatment.
5. The right to be fully informed regarding one's condition.
6. The right to confidentiality of records and communications, and access to them.
7. The right to information privacy regarding your diagnosis, treatment options, and the potential outcomes of the treatment.
8. The right to refuse a treatment, as permitted by law. You can refuse treatment and still receive alternate care.
9. The right to detailed information regarding service fees and charges.
10. The right to express spiritual and cultural beliefs.
11. The right to redress a grievance.
12. The right to appropriate assessment and management of pain.
13. The right to know ASC rules that will affect your treatment.

Responsibilities

1. The patient is responsible to provide accurate/ complete information related to their health, reporting perceived risks in their care, and unexpected changes in their health.
2. The patient is responsible for notifying the office when unable to keep scheduled appointment, and provide health care insurance information.
3. The patient is responsible for their actions if they refuse treatment or fail to follow their practitioner's instructions.
4. The patient is responsible for being respectful and considerate of other patients and organizational personnel.
5. The patient is responsible to ask questions when they don't understand about their care or what they are supposed to do.

These rights and responsibilities outlined the basic concepts of service here at Stark Ambulatory Surgery Center. If you believe that at any time one or more of the statements have not been met with your care here, please ask to speak to the Medical Director or Nurse Manager. We will make every attempt to understand your complaint/ concern. We will correct the issue you have if it is within our control, and you will receive a written response.

_____ I have a living will, but should the need arise for resuscitation of my lungs or heart during my stay here at Stark Ambulatory Surgery Center, I hereby allow the nurses and physicians to perform resuscitation measures and transport me to an acute care setting ASAP.

_____ I do not have a living will. _____ Given information _____ Refused information

Patient Signature

Date

Witness

Date