

NORTH COUNTRY ORTHOPAEDIC
AMBULATORY SURGERY CENTER

Patient Rights and Responsibilities

THE PATIENT HAS THE RIGHT TO:

- a. Patients may expect to be treated courteously and with respect and dignity by all who provide services
- b. Each patient has the right to be free from all forms of abuse or harassment.
- c. Each patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.
- d. Patients may expect privacy and safe physical surroundings while in the surgical center.
- e. Patients may expect that all information, communication and records related to his/her care will be treated confidentially.
- f. Patients should know what treatment and procedures his/her doctor is recommending. Each patient will receive complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. Patients may ask questions and receive answers about his/her care.
- g. Patients will be instructed how to continue his/her care after he/she leaves surgical center.
- h. Patients may expect that all personnel providing services will be current in their knowledge and skills and be licensed or certified if required.
- i. Patients may review a copy of his/her bill no matter who pays for the services, the patient may receive an itemized copy of his/her account statement, upon request.
- j. Patients will be informed of the charges for services, eligibility for third-party reimbursements and when applicable, the availability of free or reduced cost care.
- k. Patients will not be discriminated against in his/her care on the basis of race, color, sexual orientation, marital status, national origin, disability, age, sex, religion, handicap or sponsor.
- l. Each patient will be informed of provisions for off-hour emergency coverage.
- m. Each patient will be informed of the services available at the center.
- n. Each patient may approve or refuse the release or disclosure of the contents of his/her medical record to any health –care practitioner and /or health-care facility except as required by law or third party payment contract.
- o. Each patient may have access to his/her medical record.
- p. Each patient has the right to participate in his/her health care decisions and to make advance directives that authorize others to make decisions on their behalf based on the patients expressed wishes when the patient is unable to make decisions or unable to communicate decisions.

- q. Each patient shall receive information necessary to give informed consent prior to the start of any non-emergency procedure or treatment or both. An informed consent shall include the provision of information concerning the specific procedure or treatment, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, in a manner permitting the patient to make a knowledgeable decision to:
- ◆ Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences;
 - ◆ Refuse to participate in experimental research
- r. The patient has a right to voice grievances and recommend changes in policies and services to the center's staff, the Governing Body (Executive Board) and the New York State Department of Health without fear of reprisal;
- ◆ Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing a written response within thirty (30) days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health's Office of Health Systems Management at:

*Central Field Office (Syracuse, NY)
217 South Salina Street
Syracuse, NY 13202-3592
(315) 426-7666*

Counties Served: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins, Tioga

- ◆ (see patient complaint policy)

- s. The office of the Medicare Beneficiary Ombudsman may be reached at:
www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html
or by calling 1-800-633-4227.
- t. Each patient will be informed by the nursing staff of their rights and responsibilities, by receiving a copy of the Patient Rights and Responsibilities. This is documented in the medical record.
- u. This policy will be prominently posted in patient care areas.

THE PATIENT HAS THE FOLLOWING RESPONSIBILITIES:

- a. It is the patient's responsibility to fully participate in decisions involving his/her own health care and to accept the consequences of these decisions if complications occur.
- b. The patient is expected to follow up on his/her doctor's instructions, take medication when prescribed, and ask questions concerning his/her own health care that he/she feels is necessary.
- c. You or your designated representative has the responsibility to provide an accurate and complete history in order for you to receive effective treatment. This includes authorizing release of health records from previous health care providers.
- d. You have the responsibility to participate in discussions and ask questions about your care. You have the responsibility to request further information concerning anything you do not understand regarding your illness or condition and its treatment. You have a

responsibility to obtain and carefully consider all information you may need to give an informed consent for treatment and weigh the consequences of refusing treatment.

- e. You have a responsibility to respect the rights, privacy and confidentiality of other patients. You have a responsibility to notify your provider as soon as possible if you must be late or cancel a scheduled appointment.
- f. You have the responsibility for the costs of your care and treatment. You are responsible for assuring the financial obligations of your care are fulfilled. You have a responsibility to adhere to the guidelines of your insurance coverage regarding referral policies.
- g. To conduct oneself in a respectful manner giving consideration to other patients and center personnel.

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Appointing Your Health Care Agent **NEW YORK STATE'S PROXY LAW**

A Law called the New York health care proxy law allows you to appoint someone you trust – for example, a family member or close friend – to decide about treatment if you lose the ability to decide for yourself. You can do this by using a Health Care Proxy form like the one inside, to appoint your “health care agent.”

This law gives you the power to make sure that health care professionals follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent’s decisions as if they were your own.

You can give the person you select, your health care agent, as little or as much authority as you want. You can allow your agent to decide about all health care or only certain treatments. You may also give your agent instructions that he or she has to follow.

Why should I choose a health care agent?

If you become too sick to make health care decisions, someone else must decide for you. Health care professionals often look to family members for guidance. But family members are not allowed to decide to stop treatment, even when they believe that is what you would choose or what is best for you under the circumstances. Appointing an agent lets you control your medical treatment by:

- allowing your agent to stop treatment when he or she decides that is what you would want or what is best for you under the circumstances;
- choosing one family member to decide about treatment because you think that person would make the best decisions or because you want to avoid conflict or confusion about who should decide; and
- choosing someone outside your family to decide about treatment is available because no one in your family is available or because you prefer that someone other than a family member decide about your health care.

How can I appoint a health care agent?

All competent adults can appoint a health care agent by signing the form called a Health Care Proxy. You don’t need a lawyer, just two adult witnesses. You can use the form printed here, but you don’t have to.

When would my health care agent begin to make treatment decisions for me?

Your health care agent would begin to make treatment decisions after doctors decide that you are not able to make health care decisions. As long as you are able to make treatment decisions for yourself, you will have the right to do so.

What decisions can my health care agent make?

Unless you limit your health care agent’s authority, your agent will be able to make any treatment decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments and decide that treatments should not be provided, in accord with your wishes and interests. If

PROXY FORM INSIDE

your health care agent is not aware of your wishes about artificial nutrition and hydration (nourishment and water provided by feeding tubes), he or she will not be able to make decisions about these measures. Artificial nutrition and hydration are used in many circumstances, and are often used to continue the life of patients who are in a permanent coma.

How will my health care agent make decisions?

You can write instructions on the proxy form. Your agent must follow your oral and written instructions, as well as your moral and religious beliefs. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interests.

Who will pay attention to my agent?

All hospitals, doctors and other health care facilities are legally required to honor the decisions by your agent. If a hospital objects to some treatment options (such as removing certain treatment) they must tell you or your agent IN ADVANCE.

What if my health care agent is not available when decisions must be made?

You can appoint an alternate agent to decide for you if your health care agent is not available or able to act when decisions must be made. Otherwise, health care providers will make treatment decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

What if I change my mind?

It is easy to cancel the proxy, to change the person you have chosen as your health care agent or to change any treatment instructions you have written on your Health Care Proxy form. Just fill out a new form. In addition, you can require that the Health Care Proxy expire on a specified date or if certain events occur. Otherwise, the Health Care Proxy will be valid indefinitely. If you choose your spouse as your health care agent and you get divorced or legally separated, the appointment is automatically cancelled.

Can my health care agent be legally liable for decisions made on my behalf?

No. Your health care agent will not be liable for treatment decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.

Is a health care proxy the same as a living will?

No. A living will is a document that provides specific instructions about health care treatment. It is generally used to declare wishes to refuse life-sustaining treatment under certain circumstances.

In contrast, the health care proxy allows you to choose someone you trust to make treatment decisions on your behalf. Unlike a living will, a health care proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made. The health care proxy is just as useful for decisions to receive treatment as it is for decisions to stop treatment. If you complete a Health Care Proxy form, but also have a living will, the living will provides instructions for your health care agent, and will guide his or her decisions.

Where should I keep the proxy form after it is signed?

Give a copy to your agent, your doctor and any other family members or close friends you want. You can also keep a copy in your wallet or purse or with other important papers.

APPOINTING A HEALTH CARE AGENT IS A SERIOUS DECISION. MAKE SURE YOU TALK ABOUT IT WITH YOUR FAMILY, CLOSE FRIENDS AND YOUR DOCTOR.

DO IT IN ADVANCE, NOT JUST WHEN YOU ARE PLANNING TO ENTER THE HOSPITAL.

FILLING OUT A HEALTH CARE PROXY IS VOLUNTARY. NO ONE CAN REQUIRE YOU TO DO SO.

The Health Care Proxy Law took effect January 1991; forms signed before that date are valid.

Health Care Proxy

(1) I, _____

Hereby appoint _____
(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become unable to make my own health care decisions.

(2) Optional instructions: I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows. (Attach additional pages if necessary.)

(Unless your agent knows your wishes about artificial nutrition and hydration (feeding tubes), your agent will not be allowed to make decisions about artificial nutrition and hydration. See instructions on reverse for samples of language you could use.)

(3) Name of substitute or fill-in agent if the person I appoint above is unable, unwilling or unavailable to act as my health care agent.

(name, home address and telephone number)

(4) Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or conditions stated below. This proxy shall expire (specific date or conditions, if desired):

(5) Signature: _____

Address: _____

Date: _____

Statement by Witnesses (must be 18 or older)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1: _____

Address: _____

Witness 2: _____

Address: _____

About the Health Care Proxy

This is an important legal form. Before signing this form, you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you, except to the extent you say otherwise in this form. "Health care" means any treatment, service or procedure to diagnose or treat your physical or mental condition.
2. Unless you say otherwise, your agent will be allowed to make all health care decisions for you, including decisions to remove or provide life-sustaining treatment.
3. Unless your agent knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube), he or she will not be allowed to refuse or consent to those measures for you.
4. Your agent will start making decisions for you when doctors decide that you are not able to make health care decisions for yourself.

You may write on this form any information about treatment that you do not desire and/or those treatments that you want to make sure you receive. Your agent must follow your instructions (oral and written) when making decisions for you.

If you want to give your agent written instructions, do so right on the form. For example, you could say:

- *If I become terminally ill, I do/don't want to receive the following treatments:*
- *If I am in a coma or unconscious, with no hope of recovery, then I do/don't want....*
- *If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don't want...*
- *I have discussed with my agent my wishes about _____ and I want my agent to make all decisions about these measures.*

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list of the treatments about which you may leave instructions.

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- psychosurgery
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

Talk about choosing an agent with your family and/or close friends. You should discuss this form with a doctor or another health care professional, such as a nurse or social worker, before you sign it to make sure that you understand the types of decisions that may be made for you. You do not need a lawyer to fill out this form.

You can choose any adult (over 18), including a family member, or close friend, to be your agent. If you select a doctor as your agent, he or she may have to choose between acting as your agent or as your attending doctor; a physician cannot do both at the same time. Also, if you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. You should ask staff at the facility to explain those restrictions.

You should tell the person you choose that he or she will be your health care agent. You should discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy. Your agent cannot be sued for health care decisions made in good faith.

Even after you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object. You can cancel the control given to your agent by telling him or her or your health care provider orally or in writing.

Filling Out the Proxy Form

Item (1) Write your name and the name, home address and telephone number of the person you are selecting as your agent.

Item (2) If you have special instructions for your agent, you should write them here. Also, if you wish to limit your agent's authority in any way, you should say so here. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment. You may also state your wishes about organ or tissue donation(s).

Item (3) You may write the name, home address and telephone number of an alternate agent.

Item (4) This form will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want the health care proxy to expire.

Item (5) You must date and sign the proxy. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

Two witnesses at least 18 years of age must sign your proxy. The person who is appointed agent or alternate agent cannot sign as a witness.

Planning In Advance For Your Medical Treatment

Your Right to Decide About Treatment

Adults in New York State have the right to accept or refuse medical treatment, including life-sustaining treatment. Our Constitution and state laws protect this right. This means that you have the right to request or consent to treatment, to refuse treatment before it has started, and to have treatment stopped once it has begun.

Planning in Advance

Sometimes because of illness or injury people are unable to talk to a doctor and decide about treatment for themselves. You may wish to plan in advance to make sure that your wishes about treatment will be followed if you become unable to decide for yourself for a short or long time period. If you don't plan ahead, family members or other people close to you may not be allowed to make decisions for you and follow your wishes.

In New York State, appointing someone you can trust to decide about treatment if you become unable to decide for yourself is the best way to protect your treatment wishes and concerns. You have the right to appoint someone by filling out a form called a Health Care Proxy. A copy of the form and information about the Health Care Proxy are available from your health care provider.

If you have no one you can appoint to decide for you, or do not want to appoint someone, you can also give specific instructions about treatment in advance. Those instructions can be written, and are often referred to as a Living Will.

You should understand that general instructions about refusing treatment, even if written down, may not be effective. Your instructions must clearly cover the treatment decisions that must be made. For example, if you just write down that you do not want "heroic measures" the

instructions may not be specific enough. You should say the kind of treatment that you do not want, such as a respirator or chemotherapy, and describe the medical condition when you would refuse the treatment, such as when you are terminally ill or permanently unconscious with no hope of recovering. You can also give instructions orally by discussing your treatment wishes with your doctor, family members or others close to you.

Putting things in writing is safer than simply speaking to people, but neither method is as effective as appointing someone to decide for you. It is often hard for people to know in advance what will happen to them or what their medical needs will be in the future. If you choose someone to make decisions for you, that person can talk to your doctor and make decisions that they believe you would have wanted or that are best for you, when needed. If you appoint someone and also leave instructions about treatment in a Living Will, in the space provided on the Health Care Proxy form

itself, or in some other manner, the person you select can use these instructions as guidance to make the right decision for you.

Deciding About Cardiopulmonary Resuscitation

Your right to decide about treatment also includes the right to decide about cardiopulmonary resuscitation (CPR). CPR is emergency treatment to restart the heart and lungs when your breathing or circulation stops.

Sometimes doctors and patients decide in advance that CPR should not be provided, and the doctor gives the medical staff an order not to resuscitate (DNR order). If your physical or mental condition prevents you from deciding about CPR, someone you appoint, your family members, or others close to you can decide. A brochure on CPR and your rights under New York law is available from your health care provider.

NEW YORK LIVING WILL

This Living Will has been prepared to conform to the law in the State of New York, as set forth in the case In re Westchester County Medical Center, 72 N.Y. 2d 517 (1988). In that case the Court established the need for "clear and convincing" evidence of a patient's wishes and stated that the "ideal situation is one in which the patient's wishes were expressed in some form of writing, perhaps a 'Living Will'."

I, _____, being of sound mind, make this statement as a directive to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated below:

I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying, if I should be in an **incurable or irreversible mental or physical condition with no reasonable expectation of recovery**, including but not limited to: (a) **a terminal condition**; (b) **a permanently unconscious condition**; or (c) **a minimally conscious condition in which I am permanently unable to make decisions or express my wishes**.

I direct that my treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment.

While I understand that I am not legally required to be specific about future treatments **if I am in the condition(s) described above I feel especially strongly about the following forms of treatment:**

I do not want cardiac resuscitation.

I do not want mechanical respiration.

I do not want artificial nutrition and hydration. I do not want antibiotics.

However, I **do want** maximum pain relief, even if it may hasten my death.

Other directions:

These directions express my legal right to refuse treatment, under the law of New York. I intend my instructions to be carried out, unless I have rescinded them in a new writing or by clearly indicating that I have changed my mind.

Signed _____ Date _____

Address _____