Thank you for allowing Reno Orthopaedic Surgery Center to help you in your orthopaedic and pain management needs. Every provider that has provides services here are licensed and certified in their respective fields. We strive to only have highest quality providers perform in our surgery center.

**PATIENTS’ RIGHTS AND RESPONSIBILITIES**

You and your representative have the right to:

A. Be treated with respect, consideration, and dignity.

B. Provided appropriate privacy.

C. The patient has the right to:
   1) Personal privacy.
   2) Receive care in a safe setting.
   3) Be free from all forms of abuse or harassment.

D. The Patient has the right to the following:
   1) Be free from any act of discrimination or reprisal.
   2) Voice grievances regarding treatment or care that is (or fails to be) furnished.
   3) Be fully informed about a treatment or procedure and the expected outcome before it is performed.

E. Patients are provided, to the degree known, information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
F. If a patient is adjudged incompetent under applicable state laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient’s behalf.

G. If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient’s rights to the extent allowed by state law.

H. An ASC must, prior to the start of the surgical procedure, provide the patient, the patient’s representative, or the patient’s surrogate with verbal and written notice of the patient’s rights in a language and manner that ensures the patient, the representative, or the surrogate understand all of the patient’s rights as set forth in Title 42 CFR 416.50.

I. Information is available to the patients and staff concerning:
   1) Patient rights, including those specified in A, B, C, D and E above.
   2) Patient conduct, responsibilities and participation.
   3) Services available at the organization.
   4) Provisions for after-hours and emergency care.
   5) Fees for services.
   6) Payment policies.
   7) Advance directives, as required by state or federal law and regulations.
   8) The credentials of health care professionals.
   9) The absence of malpractice coverage, if applicable.
   10) How to voice grievances regarding treatment or care.
   11) Methods for providing feedback, including complaints.
J. The ASC must also disclose, in accordance with Title 42 CFR Part 420, and where applicable provide a list of physicians who have financial interest or ownership in the ASC facility. Disclosure must be in writing.

K. In addition, the ASC must post written notice of patient rights in a place or places within the ASC likely to be noticed by patients (or their representatives, if applicable) waiting for treatment.

L. The ASC must comply with the following requirements:
   1) Provide the patient or, as appropriate, the patient’s representative with written information concerning its policies on advance directives, including a description of applicable state health and safety laws and if requested, official State advance directive forms.
   2) Inform the patient or as appropriate, the representative of the patient’s right to make informed decisions regarding the patient’s care.
   3) Document in a prominent part of the patient’s current medical record whether or not the individual has executed an advance directive.
M. The ASC must establish a grievance procedure for documenting the existence, submission, investigation, and disposition of a patient’s written or verbal grievance to the ASC. The following criteria must be met:

1) All alleged violations/grievances relating but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.

2) All allegations must be immediately reported to a person in authority in the ASC.

3) Only substantiated allegations must be reported to the state authority or the local authority, or both.

4) The grievance process must specify timeframes for review of the grievance and the provision of a response.

5) The ASC, in responding to the grievance must investigate all grievances made by a patient or the patient’s representative, or the patient’s surrogate, regarding treatment or care that is (or fails to be) furnished.

6) The ASC must document how the grievance was addressed, as well as provide the patient, the patient’s representative, or the patient’s surrogate with written notice of its decision. The decision must contain the name of an ASC contact person, the steps taken to investigate the grievance the results of the grievance process and the date the grievance process was completed.
N. Prior to receiving care, patients are informed of patient responsibilities. These responsibilities require the patient to:

1) Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.

2) Follow the treatment plan prescribed by his/her provider and participate in his/her care.

3) Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.

4) Accept personal financial responsibility for any charges not covered by his/her insurance. ASC may charge its patients the coinsurance and deductible, if applicable.

5) Behave respectfully toward all the health care professionals and staff, as well as other patients.

O. Patients are informed of their right to change providers if other qualified providers are available.

**Grievance Process**

You and your representative have the right to:

- Voice a complaint to your health care providers and administrators without fear of reprisal.
- You may file a complaint with us, by contacting Jacob Lujano 775-786-3040 xt 1525.
- Once a complaint is filed, you will be contacted in 1 business day to discuss and gather information from you. An investigation will be started by the facility manager looking into claims regarding the situation. Staff will be interviewed, products will be analyzed, and chart documentation will be reviewed. A resolution will be attempted as quickly as possible but may take up to 30 days, with notification to be in writing depending on the grievance.
To file a formal grievance you may contact the following facility or state representative:

**Government Agencies You Can Contact**

http://dhhs.nv.gov/Programs/CHA/

Governor’s Consumer Health Advocate

**Consumer Health Assistance**

Hours: 8am-5pm Monday-Friday
555 E. Washington Ave., Ste. 4800
Las Vegas, Nevada 89101
Phone: (702) 486-3587
Fax: (702) 486-3586
Toll Free: 1 (888) 333-1597
Email: cha@govcha.nv.gov

**Medicare Ombudsman**

http://www.cms.gov/Center/Special-Topic/Ombudsman-Center.html

Reno Regional Office for Ombudsman
Division for Aging Services of Nevada
9670 Gateway Drive, Suite 200
Reno, NV 89521
Phone 775-688-0800
Fax #775-688-2969