
Statement of Patient's Responsibilities

As a patient, you should act in accord with Buffalo Ambulatory Surgery Center policies, rules, and regulations and assume responsibility for the following:

This Center expects that you or your designated/legal representative will communicate to the best of your ability accurate and complete information about present complaints, past illnesses, hospitalizations, medications (*including over the counter products and dietary supplements*), allergies & sensitivities and other matters relating to your health history or care in order for you to receive effective treatment.

In addition, you are responsible for reporting whether you clearly comprehend a contemplated course of action and what is expected of you. You must follow the treatment plan prescribed by your provider. In order to facilitate your care and the efforts of the Center personnel, you are expected to help the physicians, nurses, and allied medical staff in their efforts to care for you by following their instructions and medical orders.

You must provide a responsible adult to transport you home from the facility and remain with him/her for 24 hours if required by your provider.

Inform us if you have a living will, Medical Power of Attorney, Advance or other directives that could affect your care.

Buffalo Ambulatory Surgery Center

3095 Harlem Road
Cheektowaga, New York 14225
(716) 896-3815

Patient's Bill of Rights

Patient Responsibilities

It is expected that you will cooperate with all Center personnel and ask questions if directions and/or procedures are not clearly understood. Be respectful of all the health care providers and staff as well as other patients. You are expected to be considerate of other patients and Center personnel by observing the smoking policy of our Facility. You are also expected to be respectful of the property of other persons and the property of BASC.

Duly authorized members of your family or designated/legal representative are expected to be available to BASC personnel for review of your treatment in the event you are unable to properly communicate with your health care givers. **With this in mind we request that your family / significant other not leave the facility while you are in our care.**

It is understood that you assume the financial responsibility of paying for all services rendered either through third-party payers (your insurance company), or being personally responsible for payment for any services which are not covered by your insurance policies. This includes your responsibility to pay your insurer's required co-payment for your Outpatient Procedure on the day of service. **You should be aware that the amount of your co-payment is determined by your Health Insurance carrier, not by Buffalo Ambulatory Surgery Center.**

Patient's Bill of Rights

The New York State Department of Health and CMS require medical facilities to establish policies regarding the rights of patients.

As a patient of Buffalo Ambulatory Surgery Center you have the Right, consistent with the law, to:

1. Understand and use these rights. If for any reason you do not understand or you need help, Buffalo Ambulatory Surgery Center will provide you

assistance in understanding these rights, including the use of an interpreter

2. Receive services without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor
3. Be treated with consideration, respect and dignity including privacy in treatment, in a clean and safe environment
4. Receive emergency care if you need it

5. Be informed of the name and position of the doctor who will be in charge of your care at our Center
6. Know the names, positions, and functions of any Buffalo Ambulatory Surgery Center staff involved in your care; and refuse their treatment, examination, or observation
7. Be informed of the services available at Buffalo Ambulatory Surgery Center
8. Be informed of the provisions for off-hour emergency coverage [*your Surgeon's emergency number will be provided to you*]
9. Be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care
10. Receive, upon request, an itemized copy of your account statement, and an explanation of all charges
11. Obtain from your health care practitioner, or the health care practitioner's delegate, complete and current information concerning your diagnosis, treatment and prognosis in terms you can be reasonably expected to understand
12. Receive from your physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision
13. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of those actions on your health. You have the right to change your provider if other qualified providers are available.
14. Refuse to participate in experimental research. In deciding whether or not to participate, you have the right to a full explanation
15. Privacy and confidentiality of all information and records pertaining to your treatment
16. Approve or refuse the release or disclosure of the contents of your medical record required by law or third-party payment contract
17. Review your medical record without charge, and obtain a copy of your medical record for which Buffalo Ambulatory Surgery Center can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay. (*Access your medical record pursuant to the provisions of section 18 of the NYS Public Health Law, and Subpart 50-3 of this Title.*)
18. Authorize those family members and other adults who will be given priority to visit you, consistent with your ability to receive visitors
19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your Health Care Proxy or on a donor card (*which you may request from the Center*).
20. Voice grievances and recommend changes in policies and services to the Center's staff, the operator and the New York State Department of Health without fear of reprisal
21. Express complaints about the care and services provided, and to have the Center investigate such complaints. Our Center is responsible for providing you, or your designee, with a written response within 30 days if requested, indicating the findings of the investigation. We are responsible for notifying you, or your designee, that if you are not satisfied with the Center's response, you may complain to the New York State Department of Health's Office of Health Systems Management.

Complaints and concerns may be addressed in any one of the following ways:

- Discuss your concerns with your physician
- Discuss concerns with the Administrator of our Center:
(716) 896-3815
- Write or call the New York State Department of Health, Office of Health Systems Management, 584 Delaware Avenue, Buffalo, NY 14202 (716) 847-4357
- Write or call the Medicare Peer Review, IPRO, Inc., Beneficiary Outreach Department, 1979 Marcus Avenue, 1st Floor, Lake Success, New York, 11042, (800) 331-7767
- Visit the website for the Medicare Beneficiary Ombudsman at
www.cms.hhs.gov/center/ombudsman.asp
- Call or write our Accreditation Agency:
AAAHC
5250 Old Orchard Rd.
Suite 200
Skokie, IL 60077

Phone: (847) 853-6060
Email: info@aaahc.org