

AS A PATIENT, YOU HAVE THE RIGHT TO:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- Personal and informational privacy and security for self and property.
- Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise the Patient Rights when you are unable to do so, without coercion, discrimination or retaliation.
- Confidentiality of records and disclosures and the right to access information contained in your clinical record. Except when required by law, you have the right to approve or refuse the release of records.
- Information concerning your diagnosis, treatment and prognosis, to the degree known.
- Participate in decisions involving your healthcare and be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to services.
- Make decisions about medical care, including the right to accept or refuse medical or surgical treatment after being adequately informed of the benefits, risks and alternatives, without coercion, discrimination or retaliation.
- Self-determination including the rights to accept or to refuse treatment and the right to formulate an advance directive.
- Competent, caring healthcare providers who act as your advocates and treats your pain as effectively as possible.
- Know the identity and professional status of individuals providing service and be provided with adequate education regarding self-care at home, written in language you can understand.

- Be free from unnecessary use of physical or chemical restraint and or seclusion as a means of coercion, convenience or retaliation.
- Know the reason(s) for your transfer either inside or outside the facility.
- Impartial access to treatment regardless of race, color, age, sex, sexual orientation, national origin, religion, handicap or disability.
- Free from all forms of abuse and harassment.
- To change providers if other qualified providers are available.
- Receive an itemized bill for all services within a reasonable period of time and be informed of the source of reimbursement and any limitations or constraints placed upon your care.
- File a grievance with the facility by contacting the Administrator / Director of Nursing, via telephone or in writing, when you feel your rights have been violated.

Administrator / Director of Nursing
 7397 E. Saginaw St., Lansing, MI 48823-9666
 (517) 987-9417 Phone
 (517) 220-9683 Fax

- Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.
- Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.
- File a complaint of suspected violations of health department regulations and/or patient rights. Complaints may be filed at:

(800) 882-6006

<https://www.michigan.gov/lara/bureau-list/bchs/nav-longterm-care/forms/health-facility-complaint-form>

Office of the Medicare Beneficiary Ombudsman
<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

Accreditation Association for Ambulatory Health Care (AAAHC)
(847) 853-6060
info@aaahc.org

AS A PATIENT, YOU ARE RESPONSIBLE FOR:

- Providing, to the best of your knowledge, accurate and complete information about your present health status, including any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- Providing, to the best of your knowledge, past medical history and reporting any unexpected changes in health to the appropriate physician(s).
- Following the treatment plan recommended by the primary physician involved in your case.
- Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
- Indicating whether you clearly understand a contemplated course of action, and what is expected of you, and ask questions when you need further information.
- The responsibility to behave respectfully toward all healthcare professionals and staff, as well as other patients and visitors.
- Your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions relating to your care.
- Ensuring that the financial obligations of your healthcare are fulfilled as expediently as possible.
- Providing information about, and/or copies of any living will, power of attorney or other directive that you desire us to know about.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of Protected Health Information (PHI).

The Law Requires Us To:

- Keep your medical information private.
- Give you this notice describing our legal duties, privacy practices and your right regarding your PHI.
- Follow the terms of the notice that is now in effect.
- Notify you if a breach in the security of your Protected Health Information (PHI) occurs.

We Have the Right To:

Change our privacy practices and the terms of this notice at any time, as long as they are permitted by law. This includes information previously created or received before those changes. Notification will occur if any important change is made, and will be available upon request.

Use and Disclosure of Your Protected Health Information (PHI):

The following section describes different ways that we use your PHI. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose PHI. We will not disclose any of your PHI for any purpose not listed below, without your specific written authorization. Any specific written authorization may be revoked at anytime by writing to us. We are required to obtain your authorization prior to disclosing PHI related to psychotherapy notes, sale of PHI or marketing.

FOR TREATMENT: We may use PHI about you to provide you with medical treatment or services. We may disclose this information about you to doctors, nurses, technicians and other people taking care of you. We may also share your PHI with other health care providers to assist them in treating you.

FOR PAYMENT: We may use PHI to obtain payment for the services we provide.

FOR HEALTH CARE OPERATIONS: We may use and disclose your PHI for our health care operations. This might include quality improvement measures, evaluating

performance of employees, staff training, accreditation, obtaining certificates and licensure that we need in order to operate. This also includes business management and administrative activities.

OTHER USES AND DISCLOSURES: As part of treatment, payment and health care operations, we may also use or disclose your PHI for the following purposes:

Appointment Reminders: PHI used to contact you, a family member or other responsible person, as a reminder that you have an appointment for surgery at Lake Lansing Surgical Center. We will use the phone number(s) given to us by your surgeon's office and may leave a message with a family member. We will limit the PHI disclosed when leaving a message. If you prefer we use a different phone number, not leave messages, or prefer we do not speak with family members, this can be requested by contacting the privacy officer, in writing, at the address below.

Notification: PHI used to notify or help notify a family member or other person responsible for your care. We will share information about your location in our facility, general condition and approximate wait time. If you are present, we will get your permission if possible, before we share this information. In case of emergency and/or if you are not able to give or refuse permission, we will share only the PHI that is directly necessary for your health care, according to our professional judgment to make decisions in your best interest.

Disaster Relief: PHI will be shared with a public or private organizations or persons who can legally assist in disaster relief efforts.

Fundraising: We may contact you to raise funds for the facility or an institutional foundation related to the facility. You have the right to opt out. If you do not wish to be contacted, please contact our Privacy Officer.

Research in Limited Circumstances: PHI for research purposes in limited circumstances where the research has been approved by the Governing Body. They will review the research proposal and established protocols to ensure the privacy of your PHI.

Funeral Director, Coroner, Medical Examiner and Organ Donation: We may disclose PHI of a person who has died with these entities in order to help them carry out their duties.

Specialized Government Functions: Subject to certain requirements, we may disclose and/or use PHI for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of the State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial Administrative Proceedings: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other lawful process. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may share your PHI with law enforcement officials. We may share limited information with law enforcement officials concerning the medical information of a suspect, fugitive, material witness, crime or missing person. We may also share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities: As required by law, we may disclose your PHI to public health or official authorities charged with preventing or controlling disease, injury or disability, including suspected physical abuse, neglect or domestic violence. We may also disclose your PHI to the Food and Drug Administration for purposes or reporting adverse events associated with product defects, problems, tracking and other activities. We may also, when authorized by the law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk or contracting or spreading a disease or condition.

YOUR RIGHTS:

- The right to inspect and copy your PHI, via written request to the Privacy Officer. We may deny your request, if in our professional judgment, we determine that the access requested will endanger your life or another's.
- The right to request a restriction on uses and disclosures of your PHI.
- The right to request to receive confidential communications from us by alternative means or locations.
- The right to request amendments to your PHI in writing with reasons to support such a request. In certain cases, we may deny your request for an amendment.
- The right to receive an accounting of certain disclosures for purposes of treatment, payment or health care operations. These written requests must be submitted to our Privacy Officer. Requests may not be for a period more than 6 years. We will provide the first request within any 12-month charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- The right to request that Lake Lansing Surgical Center not disclose your PHI to your health plan for the purposes of payment or healthcare operations, and if you are paying for your treatment out of pocket in full, then the facility must honor your requested restriction.
- The right to obtain a paper copy of this notice.
- The right to revoke your authorization of PHI release at any time.

Contact Person:

Attn: Privacy Officer
Lake Lansing Surgical Center
7397 E. Saginaw St. Lansing, MI 48823-9666

The Privacy Officer can be contacted by telephone at (517) 879-9417.

This notice is effective 01/29/2024