



Policy Title: PATIENT & FAMILY RESPONSIBILITIES

1. The patient has the responsibility to supply accurate and complete information to the best of his/her ability about his/her health history, hospitalizations, medications, including over the counter products and dietary supplements, allergies and sensitivities, and other matters relating to his/her health.
2. The patient has the responsibility to follow the treatment plan recommended by his/her doctor, participate in his/her care and to report any unexpected changes in his/her condition.
3. The patient has the responsibility to provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by the Surgical Center or health care provider.
4. The patient has the responsibility to inform his/her health care provider about any living will, medical power of attorney, or other directive that could affect his/her care.
5. The patient has the responsibility to cooperate with all Surgical Center personnel, and to ask questions if any instructions or information are not understood.
6. The patient has the responsibility to be considerate of other patients and Surgical Center personnel, and ensure his/her visitors are considerate as well, particularly in regards to noise and the number of visitors.
7. The patient has the responsibility to keep appointments or notify the Surgical Center if unable to keep a scheduled appointment.
8. The patient has the responsibility to collaborate with his/her doctor or nurse in the areas of pain and pain management.
9. The patient has the responsibility to fulfill the financial obligations of his/her health and accept personal financial responsibility for any charges not covered by his/her insurance.
10. The patient has the responsibility to be respectful of others, of other people's property, and that of the Surgical Center.
11. The patient has the responsibility to abide by Surgical Center rules and regulations and to see that his/her visitors do likewise.



12. The patient has the responsibility of his/her actions if he/she refuses treatment or does not follow the health care provider's instructions.

13. The patient has the responsibility to follow health care facility rules and regulations affecting patient care and conduct.

Family Responsibilities:

Parents and family* have the responsibility for:

- a. Continuing their parenting role to the extent of their ability
- b. Are available to participate in decision making and provide staff with knowledge of parents/family

whereabouts and ensure one parent or guardian remain at the facility at all times while their child is

receiving care.

*The family consists of those individuals responsible for physical and emotional care of the child on a continuous basis, regardless of whether they are related.



Policy Title: PATIENT'S BILL OF RIGHTS*

Patients are treated with respect, consideration, and dignity, free from mental and physical abuse.

Patients are provided appropriate privacy.

Patients have a right to privacy of any information or treatment concerning their own medical care.

Patients have a right to know of non-personnel observing or participating in their care.

Patients have the right to know the person or persons responsible for coordinating their care.

Patients have the right to information regarding the credentialing of healthcare professionals.

Patient disclosures and records are private and confidential, and except when required by law, patients' records will not be released without prior authorization approving their release.

Patients have the right to receive from their physician enough information so that they may understand the procedure or treatment being received in order to sign the consent.

Patients have the right to refuse treatment and to be informed of the consequences of their actions.

Patients have the right to state that they want another physician or caregiver involved in their care.

Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.



Patients have the right to know if any research treatments, experiments, or medications will be utilized during their treatment, and have the right to refuse participation in such research.

Patients have the right to expect quality care and service from the facility.

Patients have the right to examine and receive an explanation of their bill, and estimated amount, regardless of the source of payments.

Patients have the right to know provisions for after-hour care at the Center.

Patients have the right to know methods for expressing grievances and suggestions to the Center.

Patients have the right to information about the institution to which they may be transferred and give prior approval.

Patients have a right to expect that marketing or advertising about the facility is not misleading.

Patients have the right to receive appropriate assessment and management of pain.

Patients have the right to self-determination in making health care decisions including resuscitative measures in the event of life-threatening emergency.

If you have a concern or complaint, you may express it to any Lighthouse Surgery Center management member or contact the State of Connecticut Department of Public Health, 410 Capitol Ave, Hartford, CT 06134 or call them at (860) 509-7500.

*These rights can be executed on the patient's behalf by a designated surrogate or proxy decision maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor.



Policy Title: ADVANCE DIRECTIVES

Your Rights to Make Health Care Decisions
Advance Directives

You have the right to make health care decisions about the medical care you receive. If you do not want certain treatments, you have the right to tell your physician you do not want them and have your wishes followed.

You also have the right to receive information from your physician to assist you in reaching a decision about what medical care is to be provided to you. Physicians have the responsibility to provide patients with information that can help them to make a decision. Your physician will explain:

- what treatments may help you;
 - how each treatment may effect you, that is, how it can help you and what, if any, serious problems or side effects the treatment is likely to cause;
- what may happen if you decide not to receive treatment

Your physician may also recommend what, if any treatment is medically appropriate, but the final decision is yours to make. All of this information is provided so you can exercise your right to decide your treatment wisely.

There may come a time when you are unable to actively participate in determining your treatment due to serious illness, injury or other disability. Although it is not possible to specify every circumstance it is possible to decide what kind of treatment you want in most situations.

More people are making health care decisions before they become seriously ill, stating their preferences in writing. A written legal document stating your preferences is called an **Advance Directive**. This document allows you to give instructions of “directive” concerning your medical care and/or appoint someone to act on your behalf if you **become ill you are unable to make these decisions or communicate your wishes.**

Advance directives are prepared before any condition or circumstances occurs that causes you to be unable to actively make a decision about your medical care.

In Connecticut, there are two types of advance directives:

- the living will or health care instructions
- the appointment of a health care representative



Policy:

If a patient requests that his/her Directive or Will be placed into his/her file, the Lighthouse Surgery Center policy will be addressed. If the patient insists on the execution of the Directive or Will, the procedure will be cancelled and scheduled at another facility.

The nature of our health care practice is one of expected outcomes regarding non-emergency, elective procedures on those individuals whose medical conditions is stable and who are prepared for this plan of management. DNR (Do not resuscitate) orders are also not accepted.

The patient, responsible adult or Power of Attorney will be informed of the temporary suspension of the Directive and a waiver will be provided for signature. If a transfer occurs the Directive will then be forwarded to the hospital.

The Lighthouse Surgery Center respects and supports personal decision making of individuals. All competent persons have the responsibility to make reasonable efforts to take care of their own health.

Procedure:

If possible, prior to the procedure date patients will receive a copy of "Your Right to Make Health Care Decisions." A summary of Connecticut Law with Advance Directive Forms is also available at the facility and at the link below:

<https://business.ct.gov/-/media/AG/Health-Issues/yourrightstomakehealthcaredecisions2011version-pdf.pdf>



Policy Title: WAIVER OF ADVANCE HEALTH CARE DIRECTIVES

Advance Directives

If you have an Advanced Directive notice, please review the following waiver. If you do not have an Advanced Directive and would like some information on one, you may notify us on your day of procedure and this will be provided to you.

Advance Directive Waiver

I understand that Lighthouse Surgery Center provides outpatient services. Although, I have an assigned Advance Directives, which includes a DNR, I understand that during my stay at Lighthouse Surgery Center, Lighthouse Surgery Center will decline to honor my Advance Directive. I understand that in the case of a life-threatening emergency, the staff will employ any and all life saving measures for me. Therefore, I am waiving my right to have any advance directives status during my stay at Lighthouse Surgery Center. If I am transferred to another facility for any reason, my Advance Directives will be part of my record and communicated to the receiving facility.

Patient's Signature

Date

Witness Signature

Date



Policy Title: PEDIATRIC RIGHTS

In addition to the rights of adult patients, children and adolescents and their parents/guardians, shall have the following rights:

1. Respect for each child and adolescent as a unique individual, and the care taking role of the individual response of the patient.
2. Provision for normal physical and physiological needs of a growing child to include nutrition, rest, sleep, warmth, activity and freedom to move and explore.
3. Consistent, supportive and nurturing care which meets the emotional and psychosocial needs of the child, fosters open communication, and encouraged human relationships.
4. Provision for self-esteem needs that will be met by attempts to give the child including:
 - a. The reassuring presence of a caring person, especially a parent
 - b. Freedom to express feelings of fears with appropriate reactions
 - c. As much control as possible, over both self and situation
 - d. Provide opportunities to work through experiences before and after they occur, verbally, in play or other appropriate ways
 - e. Recognition and reward for coping well during difficult situations.
5. Provision for varied and normal stimuli of life which contributes to cognitive, social, emotional and physical development needs to include play, educational and social activities essential to all children and adolescents.
6. Information about what to expect prior to, during and following procedure/experience and support in coping with it.
7. Participation of children/families in decisions affecting their own medical treatment.



Policy Title: GRIEVANCE POLICY FOR PATIENTS

It is the policy of this facility to provide to all patients the right to register complaints, resolve conflict or offer suggestions for patient care improvement.

Any patient and/or family who identifies an issue which presents a conflict in the care that the patient is receiving, shall be encouraged to address the issue with any member of the surgical center. This may be accomplished in any of the following ways:

- a. Written letter
- b. Phone call
- c. Verbal communication

The complaint will be received and recorded by the President/CEO & Executive Director or designee.

- a) Any complaint received will be reviewed within one week by the President/CEO & Executive Director and corrective action, if necessary, will be taken.
- b) In the event the conflict cannot be resolved by the Surgical Center Administration, the problem will be taken to the Governing Body of the Center.
- c) All complaints will be acknowledged through written correspondence or phone conversation as deemed necessary.

Any patient and/or family who are not satisfied with the above mentioned procedure may file a complaint at the following link:

<https://dphflisevents.ct.gov/Complaints>

Patients may also contact the following parties regarding complaints regarding LSC:

1. Executive Director of Lighthouse Surgery Center
(860) 714-3912
2. Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
(860) 509-7119
3. Office of the Medical Beneficiary Ombudsman
1-800-MEDICARE
1-800-633-4227 or 1-877-486-2048 (for TTY users)
4. AAAHC (Accreditation Association of Ambulatory Health Care)
1-847-853-6060