



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 a life-threatening emergency.

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.

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 right to the extent allowed by state law.

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. You may also call the Hartford Regional Ombudsman's Office at (860) 424-5200, or contact the Medicare Ombudsman Website <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

*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: 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.



Administrative Policies & Procedures Manual

Policy Title: GRIEVANCE POLICY FOR PATIENTS

It is the policy of this facility to provide all patients the right to register complaints, resolve conflicts 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 documented in detail and reviewed within 5 business days by the President/CEO & Executive Director. Corrective action, if necessary, will be taken.
- b) All complaints will be acknowledged via phone conversation or through written correspondence as deemed necessary within 10 business days.
- c) In responding to the complaint, LSC will investigate all complaints made by the patient or patient's representative and document how the complaint was addressed and provide written notification of any decisions made. This written correspondence will contain the name of LSC's contact person (CEO/Exec Director), the steps taken to investigate the complaint, the results/findings of the process and the date of completion of the investigation.
- d) In the event the conflict cannot be resolved by the Surgical Center Administration, the issue will be taken to the Governing Body of the Center.
- e) Final outcomes of any grievance investigation will be communicated with complainant at time of completion, but no later than 90 days post-grievance.

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



Administrative Policies & Procedures Manual

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