



You have the right...

***Patient Rights***

1. To have Loveland Surgery Center respond to your requests and needs for treatment or service provided that the space is available, and to receive the care that reflects your interests and that has been determined by your physician, and respects your advance directives or your rights to formulate advance directives.
2. To be informed of the right to care that is respectful, recognizes dignity and is private to the extent possible.
3. To have patient information treated confidentially, based on applicable laws and regulations.
4. To be involved in making decisions regarding your care, including assessment and management of pain.
5. To be given information in the language you understand or to have information interpreted.
6. To give informed consent, that is, to make decisions in collaboration with your physician that involve your health care. Consent may be given by the patient or the patient's legal representative. In order to give consent, the patient will be provided information to include:
  - A. An explanation of recommended treatments or procedures in terms that is understandable.
  - B. An explanation of the risks and benefits of treatment, including the chance of success, mortality risk and serious side effects..
  - C. An explanation of the alternatives and the risks and benefits of such.
  - D. An explanation of the likely consequences if no treatment is pursued.
  - E. An explanation of the recuperative period, including anticipated problems and anticipated length of recuperation.
  - F. An explanation that the patient or his/her legal representative is free to withdraw consent and discontinue participation in treatment.
  - G. A disclosure statement that the patient's physician is participating in teaching, research, experimental or education projects relating to the patient's case.
7. To an explanation of admission procedures, which shall include disclosure upon admission, of the facility's policy statement on patient rights, which shall include:
  - A. The right to participate in all decisions involving care or treatment, consistent with state and federal statutes.
  - B. The right to refuse any drug, test, treatment, procedure or treatment consistent with the state and federal statutes, including likely medical consequences of such refusal.
  - C. The right to receive considerate and respectful care in a clean and safe environment, free of unnecessary restraint.
  - D. The right to be informed of the facility's rules and regulations applicable to the patient.
  - E. The right to be informed of the facility's grievance procedure. The Executive Director may be reached by calling 622-0608.
  - F. The right to file a grievance with the appropriate state agency..
8. To know name, professional status and experience of the staff providing care or treatment.
9. To be informed prior to the initiation of general billing procedures:
  - A. Prior to the initiation of non-emergency treatment, upon request, the patient has the right to be informed of routine, usual and customary charges or estimated charges for service based on an average patient with diagnosis similar to the tentative admission diagnosis of the patient.
  - B. If you have questions, please call 622-0608 for medical cost information between the hours of 8:00 a.m. and 4:30 p.m. on weekdays.
  - C. Based upon insurance information provided by the patient, the facility shall provide assistance as needed with estimates of co-payments, deductibles or other charges that must be paid by the patient. Such assistance may be obtained weekdays between 8:00 a.m. and 4:30 p.m. by calling the facility business office manager.
  - D. The facility may include a disclaimer with the disclosure of any charges. Such disclaimer may include further variables, which may alter any disclosed charge. Any charges prohibited by law or third party payor contract will include a no charge disclaimer in the disclosure.
10. To be provided with information regarding teaching, research, educational or experimental projects related to your care. You have the right to refuse to participate in such projects.
11. To have your medical records maintained in confidence and in accordance with the medical staff bylaws, rules and regulations. You have the right to have access to your medical record by contacting the facility at 622-0608.



### **Patient Responsibilities**

You have the responsibility...

1. To provide the facility with accurate and complete information about your present complaints and your past health history.
2. To be considerate of other patients, physicians and facility personnel. To show respect for the belongings of others and facility..
3. To discuss your health problems with only those involved in your care.
4. To request your records through the facility.
5. To inquire as to the name and purpose of any personnel caring for you.
6. To say whether or not you understand a contemplated course of treatment and your obligations in the administration of the treatment.
7. To cooperate with any research or experimental project in which you consent to participate.
8. To inform the staff that translation is required.
9. To provide the facility with the necessary information for insurance processing and to be prompt in payment of facility bills.
10. To be cooperative during recommended treatment.

### **Grievance Mechanism**

The Loveland Surgery Center administrative staff is available to help with any concerns or suggestions you may have regarding your stay. Complaints will be investigated and a response provided under the provisions of the facility grievance mechanism. If a grievance or complaint is not solved to the patient's or family's satisfaction, the grievance may be filed in writing with the Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive, South, Denver, CO, 80246, or by calling (303) 692-2000.

If still dissatisfied with physician, patients, or their legal representative, may file a complaint with the Colorado State Board of Medical Examiners, the State Board of Dental Examiners or the Colorado Podiatry Board. Upon request, the facility shall provide the address of the appropriate board. These boards are prohibited from arbitrating or adjudicating fee disputes. If you have any questions about how to file your complaint, you may contact the Joint Commission at this toll free U.S. telephone number, 8:30 to 5 p.m., Central Time, weekdays (800) 994-6610. The Office of Quality Monitoring for The Joint Commission is located at One Renaissance Boulevard, Oakbrook Terrace, IL, 60181, fax (630) 792-5636, phone (800) 994-6610, email [complaint@jointcommission.org](mailto:complaint@jointcommission.org).



## LANGUAGE ASSISTANCE SERVICES

*If you are primarily Spanish-speaking only, language assistance services, free of charge, are available to you. Call 1 (970) 622-0608 and request interpreter assistance. Thank you.*

*ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (970) 622-0608. Gracias.*

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3800 N. Grant • Loveland, CO 80538

Tel: (970) 622-0608 • Fax: (970) 622-0610



### **Discrimination is Against the Law**

Loveland Surgery Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Loveland Surgery Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Loveland Surgery Center provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (audio, accessible electronic formats, other languages)

We also provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need any of these services, contact the facility Administrator.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Administrator, 3800 N Grant, Loveland, Colorado 80538, telephone (970) 622-0608, fax (970) 622-0610. If you need help filing a grievance, the Facility Administrator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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