

# SURGICARE OF HAWAII

## PATIENT RIGHTS & RESPONSIBILITIES

*As a patient you have Rights and Responsibilities. We encourage you to understand and exercise your Rights. If you need help in understanding your rights, please let us know.*

### PATIENT RIGHTS

#### Respectful and Supportive Care:

You have the right to kind and respectful care in a safe and secure environment free from abuse, neglect, harassment, humiliation and exploitation. You have the right to receive supportive care that respects your psychological, social, emotional, spiritual, personal values, beliefs, preferences and cultural needs within the extent of the law. You have the right for your privacy to be respected within the limitations of the facility. You have the right to be treated with dignity and respect by all members of our staff. You have the right to expect our staff will uphold these rights.

#### Nondiscrimination:

The facility does not discriminate on the basis of race, color, national origin, sex, age or disability in providing health care services to its patients. You have the right to exercise these rights regardless of your race, color, physical or mental disability, ethnicity, gender, gender identity or expression, sexual orientation, creed, age, religion or national origin, cultural or educational background, economic or health status, English proficiency or reading skills. The effectiveness and safety of care, treatment and services does not depend on your ability to pay.

#### Right to Treatment:

You have the right to access care as long as it is within the facility's capacity. You have the right to know if the facility is not able to provide care for you in the appropriate setting, and of other options for care.

#### Information about Treatment:

You or your representative have the right to participate in developing and making informed decisions about your care. You have the right to be informed of the outcomes of your care, including unanticipated outcomes. You have a right to know the names and roles of the providers responsible for your care, treatment and services. You have the right to include or exclude any or all of your family members from participating in your care. You also have the right to request that either information be given or that no information be given to your physician, family and others regarding your admission.

#### Participation in Care Planning:

You have the right to make informed decisions regarding your care and health status. You have the right to be involved in care planning and treatment. You have the right to discuss the risks, benefits, and alternatives in terms you can understand, except in emergency situations. You have the right to refuse treatment including life-sustaining treatment to the extent permitted by law, and to be informed of the consequences of your decisions. You have the right to be involved in post discharge decisions.

#### Cultural and Religious Beliefs:

You have the right to express your spiritual and cultural beliefs as long as these do not harm others or interfere with treatment to the extent allowable by law. You have the right to receive pastoral care and other spiritual services as requested.

#### Pain Management:

You have the right to an appropriate assessment and management of pain as an important part of your care plan.

#### Advance Directives:

You have the right to create an Advance Directive (such as a living will or durable power of attorney for health care). The facility will honor your wishes to the extent permitted by law and facility policy. You also have the right to designate a surrogate decision maker.

#### Restraints:

You have the right to be free from chemical or physical restraint. You have a right to be free from seclusion as a means of convenience, discipline, coercion, or retaliation. In an emergency or when a physician authorizes it, restraints may be used to protect you or others from injury. If restraints are indicated, the least restrictive method will be used.

#### Research:

You have the right to consent or decline to participate in any research project. You also have the right to have it fully explained prior to consent. If you decline to participate, you will continue to receive appropriate care.

#### Billing Information:

You have the right to request a copy of your bill. You also have the right to question and receive an explanation of your charges.

#### Communication:

You have the right to receive information in a way that you can understand. Free language services will be provided for patients whose primary language is not English, such as qualified interpreter services and/or information written in other languages. You have the right to interpreter services if you have a vision, hearing, speech, language or cognitive impairment. These free services include the use of assistive devices or sign language interpretation. Should any form of communication be withheld, including visitors, mail, or telephone calls, you or your legal representative will be involved. To request auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, or language assistance services, including translated documents and oral interpretation, speak with one of your health care providers.

#### Confidentiality of Health/Medical Information:

You have the right to confidentiality of your health information. For further information, please refer to our "Notice of Privacy Practices" brochure.

#### Your Health Information: Access and Sharing

You have the right to see your medical records in a timely and secure way. Health care providers are not allowed to block or delay your access to this information. Hawaii Pacific Health works with trusted national programs to safely share your health information with other hospitals and clinics. This helps your care team get the most accurate and up-to-date details about your health, no matter where you receive care. These efforts support better, safer treatment. If you prefer not to have your health information shared through these systems, you can choose to opt out. We respect your decision and will follow all laws and policies to protect your privacy. To opt out, contact our Privacy Department at 808-535-7310. You can change your mind at any time. You also have the right to view your medical records online through our secure patient portal, MyChart. It's free and easy to use. With MyChart, you can check your test results, medications, visit summaries, and send messages to your care team.

#### Visitation Rights:

You have the right to consent to receive visitors of your choice including your spouse or domestic partner (including a same-sex domestic partner), another family member, or friend. You also have the right to deny or withdraw your consent at any time. Visitation will not be restricted, limited or denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. You have the right to be informed of any clinically necessary or reasonable restriction or limitation that the facility may need to place on visitation rights.

#### Protective Services:

You have the right to access protective services. The names, address and telephone numbers of protective agencies will be provided upon request.

#### Ethical Issues:

You have the right to be informed and involved with any ethical questions during the course of your care.

#### Concerns and Complaints:

You have the right to receive a written statement of patient rights. You have the right to discuss with any one of your medical team concerns, complaints without affecting your care or file formal grievances about your medical care and treatment.

You may also contact the Surgicare Administrator at:  
Phone: 808-528-2511

In addition, you have the right to file a grievance with:

State Department of Health Office of Healthcare Assurance  
601 Kamokila Blvd. Rm. 361  
Kapolei, HI 96707  
Phone: 808-692-7420

Accreditation Association for Ambulatory Health Care, Inc.  
3 Parkway North, Suite 201  
Deerfield, IL 60015  
Website: <https://www.aaahc.org/contact-us/feedback-about-organization/>  
Phone: 847-853-6060  
Email: [complaints@aaahc.org](mailto:complaints@aaahc.org)

For Medicare members:  
Medicare Beneficiary Ombudsman (MBO) | CMS  
<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>  
or  
Commence Health, CMS Quality Improvement Organization  
Phone: 1-877-588-1123

Contact information for other protective services and regulatory agencies may also be requested.

### PATIENT RESPONSIBILITIES

#### Accurate Information:

You have the responsibility to provide accurate and complete information about past illnesses, hospitalizations, medications and other matters relevant to your medical history. You have the responsibility to report any changes in your condition to your health care providers. You are responsible for the outcomes and consequences if you do not cooperate with your care, service or treatment plan.

#### Participation:

You have the responsibility to ask questions when you do not understand your care and treatment. You have the responsibility to ask questions regarding the service(s), or what is expected of you.

#### Condition of Treatment:

You have the responsibility to participate in your care in order to make informed choices. If you do not follow the treatment plan agreed upon, you have the responsibility to understand the consequences of your actions. You have the responsibility to notify your physician or other health care providers if the designated treatment plans cannot be followed.

#### Consideration and Respect for Others:

You, your family and visitors have the responsibility to be caring to others by respecting the rights, privacy and feelings of staff and other patients. You, your family and visitors have the responsibility to keep from creating a disruption in clinical operations. You, your family and visitors have the responsibility to follow all facility rules with regard to conduct at the facility.

#### Respect for Others

- Use respectful and appropriate language and behavior at all times; in alignment with Surgicare of Hawaii patient and visitor expectations.
- No physical or verbal threats, assaults, or intimidating actions.
- The carrying of weapons, or the use of alcohol or drugs not prescribed by a doctor, will not be permitted.
- No audio or video recording, live streaming and photography without consent from all participants.
- Follow all facility rules regarding conduct, security, and use of property.

- If a patient is verbally or physically disruptive, the patient may be required to obtain care elsewhere, and the Surgicare of Hawaii may refuse further treatment, except in an emergency as required by law.

#### Financial Fulfillment:

You have the responsibility to provide insurance information in a complete and timely manner. You have the responsibility to pay your bills as required. This patient bill of rights is not a legal document. It is a statement of rights and responsibilities presented in the interest of better patient care. We appreciate your willingness to speak to your physician and health care providers about your health care needs. We encourage you to discuss any issues, knowing that you can do so free of interference, discrimination, restraint or reprisal from our organizations.