



Microsurgical Spine Center
OUTPATIENT SURGERY CENTER

1519 3rd St. SE, Suite 102
Puyallup, WA 98372
(253) 841-0705

DISCLOSURE OF OWNERSHIP

The following physicians do **have** a financial interest in the facility.

Richard Wohns, M.D. NPI# 1710084744
Peter Shin, M.D. NPI# 1568522035

South Sound Neurosurgery 1519 3rd Street SE, Suite 101, Puyallup, WA 98372

PATIENT RIGHTS AND RESPONSIBILITIES

THE PATIENT HAS THE RIGHT TO:

- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
- Expect personnel who care for the patient to be friendly, considerate, respectful, and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services.
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Be fully informed of the scope of services available at the facility, provisions for after-hours and emergency care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Express grievances/complaints and suggestions at any time.
- Be given assistance in changing primary care or specialty physicians if other qualified physicians are available.

- Provide patient access to and/or copies of his/her medical records.
- Be informed as to the facility's policy regarding advance directives/living wills.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English. The facility presents information in a manner and form, such as TDD, large print materials and interpreters, that can be understood by hearing and sight impaired individuals.
- Have an initial assessment and regular assessment of pain.
- Education of patients and families when appropriate, regarding their roles in managing pain, as well as potential limitations and side effects of pain treatment, if applicable.
- Have their personal, cultural, spiritual and/or ethnic beliefs considered when communicating to them and their families about pain management and their overall care.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- To change providers if other qualified providers are available.

If a patient is adjudged incompetent under applicable State Health and Safety 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 designated by the patient in accordance with State laws may exercise the patient's rights to the extent allowed by state law.

Patient Initials

Microsurgical Spine Center

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253-841-0705

PATIENT RESPONSIBILITIES

- Be considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the facility.
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing care givers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition and any other patient health matters.
- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and is responsible for the outcome.
- Promptly fulfilling his or her financial obligations to the facility.
- Payments to facility for copies of the medical records the patient may request.
- Identifying any patient safety concerns.

Therefore, it is our policy, regardless of the contents of any Advance Directives or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

ADVANCE DIRECTIVE NOTIFICATION

In the State of Washington, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. The Microsurgical Spine Center respects and upholds those rights.

However, unlike in an acute care hospital setting, The Microsurgical Spine Center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility Administrator by phone at 253-841-0705 Extension 2243 or by mail at:

**Microsurgical Spine Center
Administrator**
1519 3rd Street SE, Suite 102
Puyallup, WA 98372

Complaints and grievances may also be filed through the
State of Washington
HSQA Complaint Intake
Post Office Box 47857
Olympia, WA 98504-7857
Local: 360.236.4700

Email: HSQAComplaintIntake@doh.wa.gov

All Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman. Visit the Ombudsman's webpage on the web at:
www.cms.hhs.gov/center/ombudsman.asp

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I RECEIVED THE INFORMATION:

(Patient/Patient Representative Signature)

Date

Print Patient Name:

(Witness Signature)

Date

Print Witness Name: