**** **PATIENT RIGHTS AND RESPONSIBIITIES**

**You (and/or your surrogate) have the right:**

* To care that respects you as a person, as well as your dignity, values, beliefs, culture and spiritual practices.
* To receive care that meets the high standards set by Spokane Digestive Center, P.S.; and to know that Robert Durnford, MD, Lee Jayson Stone, MD, Hamid Habibi, MD, Scott McShane, DO, Matthew Hillam, DO, Ashish Sharma, MD, are owners of Spokane Digestive Center, P.S. and have a financial interest in the Ambulatory Surgery Center.
* To know the names of the people caring for you and their role at Spokane Digestive Center, P.S.
* To privacy, confidentiality, security, spiritual care, open communication and complaint resolution.

**You (and/or your surrogate) have the right:**

* To be involved in all aspects of your care and the benefits and drawbacks and other options available; refuse care and treatment and resolve problems with care decisions. Talking to your doctor about such decisions is called “Informed Consent,” which means you understand what is involved in a treatment before you decide to receive it.
* To complain about your care and treatment without fear of discrimination, retribution or denial of care.

**You (and/or your surrogate) have the right:**

* To prepare an Advance Directive about using or withdrawing life-saving treatment. For information on an Advance Directive or to receive a copy, you may contact our office or the Washington State Department of Health at <http://www.doh.wa.gov/livingwill>
* To receive information regarding requested State Health and Safety laws. We will help you obtain this information through www.doh.wa.gov
* To know that in the event of a life threatening emergency, our centers policy is to resuscitate you and transfer you to the hospital. A copy of your Advance Directive will be sent with you, where the attending physician and your family can make an informed decision about your well being.
* To have someone make treatment decisions for you if you are unable.

**You (and/or your surrogate) have the right:**

* To receive help in preparing for your return home or to another facility.
* To assistance with special needs such as communication restrictions and guardianships.
* To be protected from abuse and neglect and have access to protective services.
* To tell management if you have a complaint about your care, billing, or any other concerns. You can talk with the Clinical Director, Physician, or Practice CEO @ 509-838-5950 a response will be given in 24-48 hours. You may also contact: WA State Department of Health, Complaint Intake, PO Box 47857 Olympia, WA 98504 -7857

Ph: 1-800-633-6828 or 360-236-4700, Fax 360-236-2626 Medicare Beneficiary Ombudsman. – Phone (800) 633-4227, www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html

**As a patient (and/or surrogate) it is your responsibility to:**

* Be accurate and complete as much as possible in giving your medical history.
* Carry identification with you
* Notify your caregivers if your healthcare changes; and ask questions and take part in your healthcare decisions.
* Let us know if you don’t understand any part of your treatment.
* Treat staff and other patients with respect.
* Regard other patients’ medical information as confidential.
* Respect Spokane Digestive Center, P.S. property and equipment.
* Examine your billing statement and ask questions.
* Pay your bill promptly; if there is a hardship, let us know so we may help you.
* Tell your caregivers if they have not fulfilled their commitment to your care or shown concern and respect for you.

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