

## **Patient's Bill of Rights**

- A) You and/or the person you have appointed as your representative have the right to be fully informed about your procedure or treatment before you receive that procedure or treatment.
- B) You have the right to be fully informed of the expected outcome before you receive treatment.
- C) You can appoint someone to make medical decisions for you if you become unable to make decisions for yourself. This is called an Advance Directive. We will provide you with information about Advance Directives, will ask if you have an Advance Directive so we can place a copy in our medical record, and will honor your wishes expressed in Advance Directive you provide. Your representative can exercise your rights when you are not able to speak for yourself. Your Advance Directive may include, at a minimum, your wishes regarding: end of life care; your wishes to be informed or not informed of the approaching stage of end of life; your plan for a safe and comfortable death; avoidance of discomfort and preservation of your dignity; pain relief that is as effective as possible; emotional support; avoidance of assessments and intrusions that do not relieve suffering at the end of life; unencumbered support of family and friends; spiritual care; palliative medicine and/or hospice consultation; information about organ donation; and the benefits of enrolling in hospice care to provide support for you, your family and loved ones.
- D) You have the right to personal privacy.
- E) You have the right to receive care in a safe setting.
- F) You have the right to be free from all forms of abuse or harassment.
- G) You have the right to confidentiality of your medical records.
- H) All patients will have equal and impartial access to our services, regardless of race, color, age, religion, sex, sexual orientation, ethnicity, or handicap. The Surgery Center will provide necessary language and hearing interpreters, if needed, at no cost to you. Tell us what you need during registration, or tell your nurse once you arrive at the Surgery Center.
- I) You or your representative can exercise your rights while receiving care in the Surgery Center without coercion, discrimination or retaliation.
- J) Our surgery center is owned by an independent group of physicians. This group includes physicians and surgeons who may belong to OrthoIndy, Indiana Spine Group, and Goodman Campbell Brain and Spine. A list of owners is available at the front desk upon request.

**If you have a complaint:** Tell your **nurse**, or the **supervisor**, to report a problem with the care you received or did not receive. If your concern is not promptly resolved, you can file a formal grievance by contacting us at the address below. You can also file a complaint by completing the grievance form located in our lobby. Be sure to include your phone number or a way we can contact you.

### **Complaint to the Director/Administrator**

North Meridian Surgery Center  
13225 N. Meridian Street  
Carmel, IN 46032  
(317) 574-5400

### **Indiana State Board of Health**

2 North Meridian Street 4B  
Indianapolis, IN 46204  
[www.in.gov/isdh/](http://www.in.gov/isdh/)  
(317) 233-1325

### **Medicare Ombudsman**

[www.medicare.gov](http://www.medicare.gov)  
1-800-Medicare