Broomfield Orthopedic Surgery Center
1185 State Highway 7, Suite 100; Broomfield, CO 80023
Main: 720.408.2569; Pre-surgical Testing: 303.285.5711
www.bouldercentre.com

PATIENT RIGHTS

Decision Making
You or your representative(s) have the right to:

- Be informed before care is given or discontinued whenever possible.
- Receive accurate and current information regarding your health status in terms you can understand, allowing you to make informed decisions.
- Participate in planning for your treatment, care and discharge recommendations. A surrogate of your choice may represent you if you cannot make your own decisions according to state law.
- Receive an explanation of proposed procedure or treatment, including risks, serious side effects and treatment alternatives, including request for second opinion or specific treatment.
- Participate in managing your pain effectively.
- Refuse or discontinue treatment to the extent permitted by law and to be informed of the consequences of such refusal.
- Receive emergency care or transfer to higher level of care (hospital) should this be necessary, providing full explanation of the need based on your medical condition & without needing to wait for authorization and without any financial penalty.
- Have persons of your choice promptly notified of hospital admission.
- Write a Living Will, Medical Power of Attorney, and/or a CPR Directive.
- Accept, refuse or withdraw from clinical research.
- Choose or change your healthcare provider.

Quality of Care
You have the right to:

- Respectful treatment, which recognizes and maintains your dignity and personal values without discrimination.
- Accurate information about facility where services are received and credentials of health care personnel involved in your care.
- Interpreters and/or special equipment to assist language needs.
- Information about continuing healthcare requirements following discharge, including how to access care after hours.

Confidentiality and Privacy
You have the right to:

- Personal privacy and care in a safe setting free from abuse, harassment, discrimination or reprisal.
- Personal information being shared only with those who are involved in your care.
- Confidentiality of your medical and billing records.
- Notification of breach of unsecured personal health information.

Grievance Process
You or your representative has the right to:

- Fair, fast, and objective review of any complaint you have against your health plan, physician or healthcare personnel without fear of reprisal.
- Submit a formal complaint either verbally or in writing as shown below. You will receive a written notice of decision within 15 business days from when the complaint was made known.
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Administrator of ASC: Taunya Doud, 720.408.2569; Taunyad@bouldercentre.com
Colorado Department of Health 303-692-2904
CMS 1-800-MEDICARE (1-800-633-4227)
Accreditation Association of Ambulatory Health Care www.aaahc.org

Access to Medical Records
You have the right to:

- Speak privately with health care providers knowing your health care information is secure.
- Review and receive a copy of your Medical Records (including electronic format) upon written request and received within 30 days by secure transmission.

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Seclusion and Restraints
You have the right to:

- Be free from seclusion or restraint for behavioral management unless medically necessary to protect your physical safety or the safety of others.

Billing
You have the right to:

- Information specific to fees for services and payment policies prior to date of services.
- Payment privacy when you choose to opt out of insurance coverage, in accordance with federal regulations.

PATIENT RESPONSIBILITIES

Providing Information
You have the responsibility to:

- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, current use of prescribed or OTC medications, and nutritional supplemental products and other health-related matters.
- Report perceived risks in your care and unexpected changes in your condition.
- Provide an Advanced Directive if you have one.
- Provide accurate and updated demographic and contact information for insurance and billing.

Involvement
You have the responsibility to:

- Participate in your plan of care and follow the recommended treatment plan.
- Ensure you have a designated responsible adult to provide transportation and assist with your care for 24 hours.

Respect and Consideration
You have the responsibility to:

- Act in a respectful and considerate manner toward healthcare providers, other patients, and visitors; physical or verbal threats or conduct which is disruptive to business operations will not be tolerated.
- Be respectful of the possessions or property of others.
- Be mindful of noise levels.

Insurance Billing
You have the responsibility to:

- Know the extent of your insurance coverage.
- Know your insurance requirements such as pre-authorization, deductibles and co-payments.
- Call the billing office with questions or concerns regarding your bill.
- Fulfill your financial obligations as promptly as possible.