



Seattle Spine Institute, PLLC.
Ambulatory Surgery Center
550 16th Ave, Suite 404
Seattle, WA 98122

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PATIENT RIGHTS

As a patient, you have the right to:

- *Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.*
- *Personal and informational privacy and security for self and property.*
- *Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise the Patient Rights when you are unable to do so, without coercion, discrimination or retaliation.*
- *Confidentiality of records and disclosures and the right to access information contained in your clinical record. Except when required by law, you have the right to approve or refuse the release of records.*
- *Information concerning your diagnosis, treatment and prognosis, to the degree known.*
- *Participate in decisions involving your healthcare and be fully informed of, and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to services.*
- *Make decisions about medical care, including the right to accept or refuse medical or surgical treatment without coercion, discrimination or retaliation.*
- *Competent, caring healthcare providers who act as your advocates and treat your pain as effectively as possible.*
- *Know the identity and professional status of individuals providing service and be provided with adequate education regarding self-care at home, written in language you can understand.*
- *Be free from unnecessary use of physical or chemical restraint and or seclusion as a means of coercion, convenience or retaliation.*
- *Know the reasons for transfer either inside or outside the surgery center or facility.*
- *Impartial access to treatment, regardless of race, age, color, sex, national origin, religion, handicap, or disability.*
- *Receive an itemized bill for all services within a reasonable period of time and be informed of the source of reimbursement and any limitations or constraints placed upon your care.*
- *File a grievance with the facility by contacting the Clinical Director, via telephone or in writing, when you feel your rights have been violated. Timely compliant resolution in three (3) days.*

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- *Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments without fear of retribution or denial of care.*
- *Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.*
- *File a complaint of suspected violations of health department regulations and/or patient rights. Complaints can be filed at:*

HSQA Complaint Intake

PO Box 47857

Olympia, WA 98504-7857

Phone: (360) 236-4700

Toll Free: 800-633-6828

Fax: 360-236-2626

Email: HSQAComplaintintake@doh.wa.gov

Office of the Medicare Beneficiary Ombudsman

www.medicare.gov/ombudsman/resources.asp

Medicare Help and Support: 1-800-Medicare

PATIENT Responsibilities

As a patient, you are responsible for:

- *Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate physician(s).*
- *Following the treatment plan recommended by the primary physician involved in your case.*
- *Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.*
- *Indicating whether you clearly understand a contemplated course of action, what is expected of you, and asking questions when you need further information.*
- *Your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions relating to your care.*
- *Ensuring that the financial obligations of your healthcare are fulfilled as expediently as possible.*

- *Providing information about, and/or copies of any living will, power of attorney or other directive that you desire us to know about.*