



1551 Professional Lane, Suite 100, Longmont CO 80501  
(720)494-3200 Fax (720)494-3209

## PATIENT RIGHTS & RESPONSIBILITIES

### As a patient of Front Range Orthopedic Surgery Center you have the following rights and responsibilities:

- The *right* to receive quality care and safe treatment given in a respectful and considerate manner.
- The *right* to privacy regarding your medical care in case discussion, consultation, examination and treatment.
- The *responsibility* to be considerate of other patients and staff and to respect their rights to privacy and property.
- The *right* to receive all information necessary from your physician to give informed consent prior to the start of any procedure and/or treatment and the *responsibility* to ask questions if you do not understand any aspect of your care and treatment.
- The *right* to participate with your physician in making decisions involving your health care and the *right* to choose a surrogate decision maker in the event one is needed.
- The *right* to know the names, professional status and experience of the personnel providing care and the *responsibility* to be considerate and respectful of those who are caring for the you.
- The *right* to know whether the facility is involved in any teaching, research or experimental programs.
- The *right* to refuse any drugs, tests, procedures or treatments, and to be informed of the medical consequences of your decision.
- The *right* to be informed of the surgery center's rules and regulations as they pertain to your admission.
- The *right* to receive an estimate of the charges for services based on your admitting diagnosis, and an estimate of any co-payments or other charges that may not be covered by your carrier, based on the insurance information you have provided.
- The *right* to view your medical record within the guidelines established by law (Only those individuals who are involved in your care or are authorized by law have access to your medical record. Anyone else wishing to view your medical record must obtain written consent from you).
- The *responsibility* to provide accurate, honest and complete information about your medical history that will help us care for you, including information about medications and drugs you have used, previous illnesses, injuries or medical care you have received, and information about your current health status.
- The *responsibility* to follow your health care provider's instructions, take medications as prescribed and ask questions concerning your health care, if necessary, once you have agreed to the recommended care.
- The *right* to express complaints and concerns about your care without fear of recrimination. Formal grievances can be filed by contacting the Clinical Director at (720) 494-3201 or completing a grievance form which can be obtained from the receptionist. You may also file a complaint with our accrediting association, AAAHC at 847-853-6060 or Report Medicare Fraud & Abuse at 800-HHS-TIPS (1-800-447-8477).

### PHYSICIAN OWNED FACILITY

I understand that the physicians on staff at Front Range Orthopedic Surgery Center providing medical services are in fact the owners of the facility.

### ADVANCED DIRECTIVES

I consent to all resuscitative measures as deemed necessary by my physicians in the event of a life threatening emergency. Front Range Orthopedic Surgery Center does not honor advanced directives for any patient. I consent to emergency transfer to another facility (Longmont United Hospital) in case of the need for emergency hospital care. The admitting facility is not affiliated or in partnership with Front Range Orthopedic Surgery Center.

**If you have any questions regarding any information here please call (720) 494-3200**

**I have reviewed and understand the Patient Bill of Rights.**

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time