

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a healthcare surrogate or attorney in fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your desired care, as your Advance Directive or Health Care Power of Attorney is stated. Your agreement with this policy does not revoke or invalidate any current Advance Directive or Health Care Power of Attorney.

IF YOU DO NOT AGREE TO THIS POLICY,  
WE ARE PLEASED TO ASSIST YOU IN  
RESCHEDULING THE PROCEDURE.

If you have an Advance Directive, please provide us with a copy to be placed in your medical record.

If you do not have an Advance Directive form, you can visit this website, or we can provide you with a copy upon your admission:

<http://egov.oregon.gov/DCIIS/SHIBA/AdvancedDirectives.shtml>

**DO YOU HAVE AN ADVANCE DIRECTIVE?**

If you would like one, please request the proper form from the receptionist or nurse.

**Complaint/  
Grievance Policy**

1. If you report any alleged violation/grievances relating to, but not limited to, mistreatment, neglect, or verbal, mental, sexual or physical abuse, Doctors Park Surgery Center (DPSC) will fully document the complaint. DPSC requests that the complaints be given in a written notice, though verbal will be accepted.
2. DPSC, in responding to the grievance, will investigate all grievances made by a patient or patient's representative regarding treatment or care that is (or fails to be) furnished.
3. All grievances will be investigated and addressed within 10 working days.
4. DPSC will provide the patient with written notice of any decision. The decision will contain the name of the surgery center's contact, the steps taken to investigate the grievance, the results of the grievance process and the date the grievance process was completed.

**Financial Policy**

**\*\*IT IS IMPORTANT TO READ  
AND UNDERSTAND THIS POLICY  
PRIOR TO YOUR PROCEDURE\*\***

Doctors Park Surgery Center is a separate business entity from Bend Urology Associates.

Patient Balances: DPSC will give you a written estimate of anticipated charges for services you are scheduled to receive and will notify you of the prepayment amount required prior to service.

Remaining balances after prepayments have been applied that are under \$500.00 must be paid in full within six consecutive equal monthly payments (with a minimum monthly payment requirement of \$25 per month for all amounts under \$150).

Remaining balances after prepayments have been applied that are \$500.01 or more must be paid in full within twelve consecutive equal monthly payments (with a minimum monthly payment requirement of \$50 per month for all amounts under \$600).

As DPSC is a surgery center, we understand that patient balances can become quite substantial. We are not a credit agency and are not set up to handle extended payment plans. That is why we offer Care Credit to all clients with balances over \$300.00. Please request a brochure to view the variety of payment options available through Care Credit. Care Credit would take over your debt should you choose that option and has no direct affiliation with DPSC.

Payments: Payments are due within 30 days of the statement date. DPSC cannot waive or discount co-payments and co-insurance amounts because this is an insurance requirement.

Insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract. Although we may estimate what your insurance company may pay, it is the insurance company who will make the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance.

If you have no insurance: a 20 percent discount is offered for payment in advance for patients without insurance. If you are unable to pay in full prior to service, the above financial policy will be applied to the full patient balance without discount. Please request a financial hardship application if you believe you will be unable to pay for your visit. This qualifies for self-pay patients only, as insurance contracts already receive substantial discounts.

Returned checks: A fee of \$35.00 will be imposed for any checks returned by the bank.

Past due accounts: An account becomes past due if the minimum required payment is not made in each 30-day statement period. If an account becomes more than 45 days past due, it will be turned over to an outside collection agency and any financial hardship discounts that were offered will be reversed. You will become responsible for all collection costs incurred. Once your account has been turned over, DPSC no longer owns the account. All communication regarding the account must be made with the collection agency.

Doctors Park Surgery Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Doctors Park Surgery Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Doctors Park Surgery Center tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

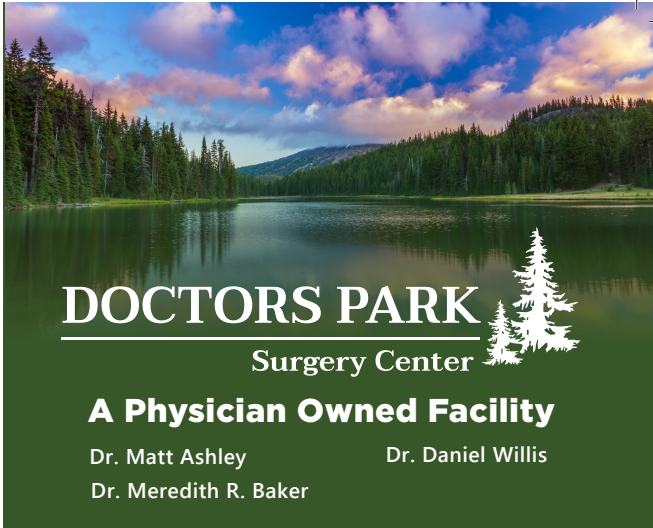
LANGUAGE ASSISTANCE SERVICES are available to you at DOCTORS PARK SURGERY CENTER free of charge. To obtain services, call 1.541.385.1238 or 541.389.5931.

Spanish: Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.541.385. 1238 (TTY: 1.800.735.2900).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.541.385.1238 (TTY: 1.800.735.2900).

**DOCTORS PARK**

**Surgery Center**



**DOCTORS PARK**

**Surgery Center**

**A Physician Owned Facility**

Dr. Matt Ashley

Dr. Daniel Willis

Dr. Meredith R. Baker

**Patient Rights**

**Patient Responsibilities**

**Advance Directives**

**Complaint/Grievance Policy**

**Financial Policy**



To hear an audio version of this information, please call:

**541.389.5931**

**Select Option #5**

THIS INFORMATION IS ALSO POSTED ON THE  
WALL IN THE LOBBY OF THE SURGERY CENTER.

2090 NE Wyatt Court Suite 102  
Bend, OR 97701

**Phone: 541.389.5931**

**Fax: 541.389.5932**

# Patient Rights

The patient has a right to ...

- 1. Considerate and respectful care.
- 2. Personal privacy because of physical surrounding modification(s) and respect of dignity by healthcare workers and business office employees.
- 3. Receive care in a safe setting by professional healthcare workers who adhere to State, Local and Federal safety standards.
- 4. Be free from all forms of abuse.
- 5. Receive information from their surgeon about their illness, course of treatment and prospects for recovery in terms that they can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- 6. Receive the necessary information about any proposed treatment or procedure in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of all the procedure(s) or treatment(s), the medically significant risk(s) involved in the treatment, an alternate course of treatment or nontreatment, and the risk(s) involved in each, including the name of the person who would carry out the treatment(s) or procedure(s).
- 7. Participate actively in decisions regarding their medical care. To the extent it is permitted by law, this includes the right to refuse treatment.
- 8. Full consideration of privacy concerning their medical care program. Case discussions, consultation, examination and treatment are confidential and shall be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
- 9. Confidential treatment of all communications and records pertaining to their care. Their written permission shall be obtained before their medical records are made available to anyone not concerned with their care.
- 10. Reasonable responses to any reasonable request they make for services.
- 11. Reasonable continuity of care and to know, in advance, the time and location of appointment(s), as well as the practitioner providing the care.

- 12. Be advised if the surgeon proposes to engage in or perform human experimentation affecting their care or treatment. The patient has the right to refuse to participate in such research projects.
- 13. Be informed by their surgeon, or designee, of their continuing health requirements.
- 14. Examine and receive an explanation of their bill regardless of the source of payment.
- 15. Have all patient rights explained to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient.
- 16. Express any grievances or suggestions verbally or in writing. If you believe your Patient Rights have been violated, you may file a complaint with our office or other agencies listed.

## PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility director, **Erin Hicks, RN, Center Director**, by phone at **541.389.5931** or by mail at:

**Doctors Park Surgery Center**  
**2090 NE Wyatt Ct, Suite 102**  
**Bend, Oregon 97701**

Complaints and Grievances may also be filed through:

**Oregon Public Health Division**  
**Health Facility Licensing & Certification**  
**800 NE Oregon Street, Suite 465**  
**Portland, Oregon 97232**  
**971-673-0540**  
**[www.healthoregon.org/hcrqi](http://www.healthoregon.org/hcrqi)**

### MEDICARE:

Medicare beneficiaries may also file a complaint with Medicare at: **<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>**

Office of the Inspector General: **<http://oig.hhs.gov>**

**Accreditation Association for Ambulatory Health Care**  
**3 Parkway North, Suite 201**  
**Deerfield, IL 60015**  
**Tel: 847.853.6060**  
**Fax: 847.853.9028**  
**Email: [info@aahc.org](mailto:info@aahc.org)**

[You will not be penalized for filing a complaint.](#)

- 17. Have in effect advanced medical directives concerning such issues as living wills and durable powers of attorney that will be identified to the facility and followed as appropriate under State and Federal Regulations.
- 18. Know Doctors Park Surgery Center is a physician-owned facility. The patient has the right to have any procedure or surgery done at a facility other than Doctors Park Surgery Center.

# Patient Responsibilities

Patients and/or family have the responsibility to ...


Provide information about past illnesses, hospitalizations, medications and other matters relating to their health and to answer all questions concerning these matters to the best of their ability.

Be considerate of other patients and see that family members are also considerate, especially in regard to smoking, noise and visitations policy.

Be respectful of others, their property and the property of the facility and its personnel.

Be prompt in arranging the payment of bills and provide necessary information for insurance processing.

Keep all appointments at their scheduled time or contact staff as early as possible if a scheduled appointment cannot be kept.



To maintain our standard of quality care and service in this world of fast-paced healthcare, we must operate our facility with optimal efficiency. To this end, we occasionally call our patients and request a schedule change or time change for an appointment. If you receive such a call and are able to change it, we appreciate your flexibility.

Cooperate with medical personnel in their efforts to restore functioning capacity by following instructions and by asking questions if information is not understood.

Be responsible for informing staff of physical changes experienced during treatment.

Upon discharge by staff, maintain follow-up treatment recommended.

# Advance Directives, Planning Ahead

Advance directives are legal documents that allow you to put in writing what kind of healthcare you would want if you were too ill to speak for yourself. Advance directives most often include the following:

A living will

A healthcare proxy (durable power of attorney)

After-death wishes

Talking to your family, friends and healthcare providers about your wishes is important, but these legal documents ensure your wishes are followed. It's better to think about these important decisions before you are ill or a crisis strikes.

# Patient Information Pertaining to Resuscitative Measures

*Not a revocation of Advance Directive or Medical Powers of Attorney.*

All patients have the right to participate in their own healthcare decisions and to make advance directives or to execute powers of attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. This surgery center respects and upholds those rights

However, unlike in an acute care hospital setting, the surgery center does not routinely perform "high-risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after your surgery.

*>> Continued on other side*

# DOCTORS PARK

## Surgery Center

