



Big Sky Surgery Center, LLC
2833 Fort Missoula Road Missoula, MT 59804
Phone: (406)542-6559 –or- 888-311-9163
Fax: (406)542-9040
www.bigskysurgery.com

PATIENT INFORMATION GUIDE

PATIENT BILL OF RIGHTS

- The PATIENT has the right to be treated with consideration, respect and dignity.
- The PATIENT and/or the PATIENT REPRESENTATIVE have the right to all complete and current information concerning his/her diagnosis and treatment and in terms that he/she can understand. The PATIENT has the right to know the person(s) responsible for coordinating their care. If not medically advisable to give information to the patient, the information shall be made available to an appropriate person on the patient's behalf.
- The PATIENT has the right to receive from the physician enough information so that he/she may understand the services being rendered in order to sign the informed consent.
- The PATIENT has the right to refuse treatment and to be informed of the consequences of his/her actions.
- The PATIENT has the right to privacy of any information or treatment concerning his/her own medical care.
- The PATIENT has the right to be informed of any persons other than routine personnel that would be observing or participating in his/her treatment and to refuse that observation and/or participation.

- The PATIENT has the right for all medical records to be treated as confidential and given the opportunity to approve or refuse their release unless it would cause a negative outcome in the continuation of medical care.
- The PATIENT has the right to information concerning the facility to which he/she may have to be transferred. The facility, that the patient is to be transferred to, must give approval prior to the patient transfer.
- The PATIENT has the right to know if any research will be done during his/her treatment and has the right to refuse it.
- The PATIENT has the right to expect quality care and service from Big Sky Surgery Center, LLC.
- The PATIENT has the right to be informed of the mechanism by which he/she will have continuing health care following discharge from Big Sky Surgery Center, LLC.
- The PATIENT has the right to examine and receive and explanation of their bill, regardless of the source of payment.
- The PATIENT has the right to know, in advance, the expected amount of his/her bill, regardless of the source of payment.
- The PATIENT has the right to know what Big Sky Surgery Center, LLC Rules and Regulations apply to his/her conduct as a patient.
- The PATIENT has the right to know if their physician has a financial and ownership interest in Big Sky Surgery Center, LLC. Patients have the right to be treated at another healthcare facility of their choice. If the PATIENT has any questions regarding this, they should be in contact with their physician.
- The PATIENT, PATIENT REPRESENTATIVE and/or PATIENT SURROGATE has the right to have a verbal or written grievance submitted, investigated and to receive a written notice of the Center's decision.

PATIENT RESPONSIBILITIES

- It is the PATIENT'S responsibility to read and understand all permits and/or consents to be signed. Either ask the nurse or physician to clarify any information not understood about your care or services.
- It is the PATIENT'S responsibility to provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- It is the PATIENT'S responsibility to notify Big Sky Surgery Center, LLC, if you have a living will, medical power of attorney or other directive that could affect your care.
- It is the PATIENT'S responsibility to follow the treatment plan prescribed by his/her physician and to notify Big Sky Surgery Center, LLC, on admission, if pre-operative instructions have not been followed.
- The PATIENT is responsible for their actions if they refuse treatment or do not follow pre-operative instructions.
- It is the PATIENT'S responsibility to provide adult transportation from Big Sky Surgery Center, LLC appropriate to the medications and/or anesthesia to be given and according to pre/post-operative instructions
- It is the PATIENT'S responsibility to follow the post-operative instructions given by the physician(s) and or nurses. This includes instructions regarding post-operative appointments.
- It is the PATIENT'S responsibility to contact the physician if any complications occur.
- It is the PATIENT'S responsibility to assure all payments for service rendered are on a timely basis and the ultimate responsibility is the patients, regardless of the insurance coverage.
- It is the PATIENT'S responsibility to provide financial and/or insurance information regarding who will be responsible for the bill including current address and authorized contact information.

- It is the PATIENT'S responsibility to notify the administration of Big Sky Surgery Center, LLC, if the PATIENT or the PATIENT REPRESENTATIVE thinks their right(s) have been violated or if the PATIENT has a significant complaint.
- It is the PATIENT'S responsibility and those accompanying the PATIENT to be respectful of all healthcare providers and staff, as well as other patients and follow the Center's policies.

GRIEVANCE POLICY

Submission and investigation of Grievances

The PATIENT, PATIENT REPRESENTATIVE and/or PATIENT SURROGATE has the right to have a verbal or written grievance submitted, investigated and to receive a written notice of the Center's decision.

The following are the names and/or agencies you may contact:

Big Sky Surgery Center, LLC
Clinical Director
2833 Fort Missoula Road
Missoula, MT 59804
(406)542-6559
888-311-9163

Department of Public Health & Human Services
Quality Assurance Division
PO Box 202953
Helena, MT 59620-2953
(406)444-2099

Sites for address and phone numbers of regulatory agencies:

Medicare Ombudsman Web site:
www.cms.hhs.gov/center/ombudsman.asp

Medicare:
www.medicare.gov
-or call-
800-MEDICARE
(800-633-4227)

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

ADVANCE DIRECTIVES

This information is being provided to you for reference only, and is not intended as legal advice. You should consult with your family, attorney or other advisors about Advance Directives for your medical treatment.

The Patient Self Determination Act ("PSDA") requires most health care facilities to advise patients of their health care decision-making rights. This section on Advance Directives is intended to comply with that law.

Under Montana law all individuals of sound mind and 18 years of age or older, have the right to make all their own decisions about medical treatment, or whether to withhold or withdraw life-sustaining treatment. They also have the right to make an **Advance Directive** about their future health care.

WHAT IS AN ADVANCE DIRECTIVE?

An **Advance Directive** is a general term or category that describes the documents you can use to give instructions about your future medical care in the event you are or become unable to make or communicate your own decisions (e.g. if you are in a coma). If you have not given any prior instructions, no one will know what you want done or not done.

Advance Directives are generally in writing, and can take several forms under Montana law. An adult of sound mind can make either a **Declaration** or a **Durable Health Care Power of Attorney**, or a combination of thereof.

WHAT IS A DECLARATION?

A **Declaration** is a written statement signed by you, and witnessed by two individuals, giving direction to your attending physician (or advanced practice registered nurse) about whether you want to withhold or withdraw life-sustaining treatment if you have an incurable or irreversible condition that without such treatment would cause your death within a relatively short time. Such Declarations are permitted by the "Montana Rights of the Terminally Ill Act", located in Section 50-9-103 of the Montana Code Annotated (the "Act").

There are two types of Declarations permitted under the Act. The first is a Declaration (often called a "**Living Will**"), that is an instruction given only to your attending health care providers. It does not give instructions to or appoint another person to make decisions for you.

The second Declaration (often referred to as **Appointment of an Agent or a Power of Attorney**) appoints another person (most often a spouse, parent, child or close friend) to make medical treatment decisions for you when you are unable to do so on your own.

Both types of Declarations can be flexible, and can provide more detailed instructions about what type of care or treatment you may want, (e.g. about pain relievers, feeding tubes, donation of organs, etc.). It is permissible under Montana law to make **both Declarations in one single, combined document**.

A combination form called a **My Choices Advance Directive** can be found online through the Montana Department of Justice, Office of Consumer Protection at:

endofliferegistry@mt.gov

This is a sample form to assist you in your review of your options under Montana law with respect to Advance Directives. After completed and signed, an Advance Directive can be registered with the State in the End-of-Life-Registry.

WHAT IS A DURABLE POWER OF ATTORNEY?

A **Durable Power of Attorney** ("POA") is another Advance Directive allowed under a portion of Montana's Uniform Probate Code, contained in Section 72-5-501 of the Montana Code Annotated. A POA is a document by which you designate another person as your attorney-in-fact or agent to make medical decisions on your behalf when you are unable to do so. You may give your agent as little or as much authority as you wish. A POA is similar to the Declaration (Appointment of Agent) discussed above. In fact, Montana law says a POA will be considered to be a Declaration when it has been properly signed.

A POA remains effective (or becomes effective) upon the disability or incapacity of the person signing the POA.

SHOULD I HAVE AN ADVANCE DIRECTIVE?

The decision is yours. Montana law does not require that you have one. The discussion above will help you to weigh your options and decide if you want to prepare an Advance Directive to guide your physician or your agent if you are unable to make your own decisions. There are numerous options, and you should choose the option that is best for you after consultation with your family and/or advisors. No form is perfect for

everyone, and Advance Directives can be personalized to reflect your own values and health care needs.

CAN I CHANGE AN ADVANCE DIRECTIVE?

Yes, you can change or revoke an Advance Directive at any time, so long as you are of sound mind. This can best be done in writing, but can be done verbally as long as it is clearly communicated to your attending health care provider.

IS AN ADVANCE DIRECTIVE PART OF MY MEDICAL RECORD?

If you choose to register it, your directives will be part of Montana's End-of-Life-Registry. In addition, Big Sky Surgery Center will ask you if you have an Advance Directive, and will document in your medical record whether or not you have one. It is up to you to provide a copy. If you communicate to Big Sky Surgery Center a change to or a revocation of your Advance Directive, that will be made a part of your medical record.

DOES BIG SKY SURGERY CENTER RECOGNIZE ADVANCE DIRECTIVES?

NO. The Federal PSDA law requires Big Sky Surgery Center to advise you whether it honors or recognizes Advance Directives. Big Sky Surgery Center is an ambulatory surgery center providing only elective surgical procedures to stable patients who are not expected to require hospitalization. In the event a patient unexpectedly requires hospitalization, the patient's Advance Directive, if any, will be provided to the hospital.

FOR THESE REASONS, BIG SKY SURGERY CENTER HAS CHOSEN NOT TO HONOR OR RECOGNIZE A PATIENT'S ADVANCE DIRECTIVE.

PHYSICIAN OWNERSHIP

Your physician may have financial and ownership interest in Big Sky Surgery Center, LLC. Patients have the right to be treated at another healthcare facility of their choice.

If you have any questions regarding this, please speak directly with your physician.

By signing below I am stating that I have received verbal and written information, in a language I understand, from Big Sky Surgery Center, LLC, prior to the day of my procedure, regarding the following items:

- Patient Rights & Responsibilities
- Grievance Policy
- Advance Directives
- Physician Ownership

Signature of Patient or Legal Representative Date

Printed Name