

## NONDISCRIMINATION POLICY:

As a recipient of Federal financial assistance, Saltzer Surgery Center does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of age, race, color, ethnicity or national origin, disability, religion, creed, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, and/or veteran status in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by Saltzer Surgery Center directly or through a contractor or any other entity with which Saltzer Surgery Center arranges to carry out its programs and activities. This policy is in accordance with Section 1557 of the Affordable Care Act and Section 504 of the Rehabilitation Act.

If you have a complaint or grievance about the quality of your care, you, your family member, or surrogate should contact the immediate supervisor of the unit or department, call the Director of Nursing at 1(208) 960-0870, or send an email to [surgerycenter@saltzerhealth.com](mailto:surgerycenter@saltzerhealth.com).

To file a grievance with the State of Idaho, call Idaho Bureau of Facility Standards at 1(208) 334-6626, or write P.O. Box 83720, Boise, Idaho 83720-0009 or 3232 Elder Street, Boise, Idaho 83705 or the Idaho Board of Medicine at 1 (208) 327-7000.

Medicare Benefits can file a complaint regarding the quality of care, disagree with a coverage decision, or to appeal a premature discharge with the Quality Improvement Organization (QIO) in the following ways: Idaho-KEPRO QIO 1 ( 888) 305-6759. Or, contact the Office of Medicare Ombudsman at <http://www.cms.gov/center/ombudsman.asp>.

Any patient or other person who believes they may have been subject to discrimination can file a discrimination complaint or grievance by contacting Saltzer Surgery Center's 504/Civil Rights Coordinator at 1(800) 442-4845 (Text Telephone/TTY Users: 711) or [compliance.hotline@imail.org](mailto:compliance.hotline@imail.org). You can also contact the Office for Civil Rights at 1(800) 368-1019 (Text Telephone/TTY Users: 1(800) 537-7697), through the Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, by fax (202) 619-3818, or by mail at "U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Ave. SW, Suite 509 F, HHH Building, Washington, D.C. 20201." Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## Rights and Responsibilities



## **PATIENT RIGHTS:**

*As a patient of Saltzer Surgery Center you have the right to:*

**Get information about your rights**, when possible before receiving care. This includes having your rights read, explained, or interpreted if needed so you understand them.

### **Be treated with respect**

- Be free from discrimination, based on age, race, color, ethnicity or national origin, disability, religion, creed, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, and/or veteran status.
- Be treated with respect and dignity at all times and under all circumstances.
- Be protected from physical or chemical restraints, except when necessary to protect you from hurting yourself or others.
- Be protected from harassment, neglect, mental abuse, and physical abuse.
- Freedom from retaliation.

### **Understand and participate in your plan of care**

- Have the reason for your admission explained upon your request.
- Review, request an amendment to, and/or get a copy of your medical record, according to state law and Saltzer Surgery Center policies and procedures.
- Change providers if other qualified providers are available.
- Be informed about your health status, including unplanned outcomes, in a manner you can understand.
- Have free and timely interpretation and document translation from qualified individuals.
- Have free and timely auxiliary aids (including forms in alternate formats) and services for visual, speech, hearing, or cognitive disabilities.
- Participate in decisions about your healthcare, give or withhold informed consent, and be involved in your plan of care.
- Informing your providers about any living will, medical power of attorney, or Advance Directives that could affect your care.

- Create or update your Advance Directive and choose a healthcare representative or surrogate agent to make decisions for you. (Additional information is available at your request.)

### **Coordination of care with others as needed**

- Coordinate care with your own doctor, family member, or healthcare representative, if needed.

### **Receive good care**

- Receive reasonable access to care offered by Saltzer Surgery Center.
- Request or refuse care to the extent allowed by law. Learn of medical consequences and risks of your decision if you refuse treatment.
- Receive considerate care in a safe setting.
- Receive examinations and care in settings that allow for your privacy.
- Meet privately with an attorney, a physician, a licensed independent practitioner, a representative of the state protection and advocacy group and/or child protection agency.
- Receive appropriate pain management.
- Receive information about the people providing care, services, and treatment.
- Refuse to take part in experimental care or research.

### **Be comfortable during your stay in the facility**

- Be informed of methods for providing feedback, including complaints.
- Observing prescribed rules of the facility during your stay.

### **Be informed about the facility**

- Expect the facility to disclose, when applicable, physician financial interests or ownership in the facility and about the absence of malpractice insurance.
- Obtain information concerning fees for services rendered and the facility's payment policies.

### **Have your personal and medical information kept private**



## **PATIENT RESPONSIBILITIES:**

*As a patient of Saltzer Surgery Center you are responsible to:*

### **Do your part to maintain a safe environment**

- Treat others with respect. Maintain civil language and conduct.
- Cooperate with and show consideration for all people providing your care.
- Respect the privacy, comfort, and property of other patients.

### **Pay for your care and cooperate in providing insurance information**

#### **Follow instructions related to your care**

- Ask questions if you don't understand what you are asked to do, or why you are asked to do it.
- Provide correct and complete information about your health problems and medical history.
- Tell your nurse of any medications you have taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- Accept responsibility for what happens if you refuse treatment or instructions.
- Provide a responsible adult to assist with transportation home and to remain with you as directed by your provider or as indicated on discharge instructions.

## **OTHER PERSONS' RIGHTS AND RESPONSIBILITIES:**

*Any person, visitor, customer, and/or vendor at Saltzer Surgery Center shall:*

### **Do your part to maintain a safe environment**

- Be free from discrimination.
- Respect the property, comfort, and privacy of other patients.
- Support mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners.
- Have the right to file a discrimination complaint or grievance (see below for more information).