

Hanover Outpatient Surgery Center, LP

7016 Lee Park Road
Mechanicsville, VA 23111

Your Rights As A Patient

Respecting your rights is critical to providing you with the best possible care and therefore is an inherent part of our mission. Those rights are fundamental and are intended to safeguard your personal dignity while a patient at Hanover Outpatient Surgery Center.

- You have the right to reasonable access to care and treatment.
 - You have the right to care that is considerate of personal values and beliefs.
 - You have the right to security, personal privacy and confidentiality of information.
 - You have the right to consent.
 - You have the right to receive care in a safe setting.
 - You have the right to know who is caring for you.
 - You have the right to be informed and participate in decisions regarding your care.
 - You have the right to unobstructed access to communication.
 - You have the right to refuse treatment or seek other medical care.
 - You have the right to make your wishes known regarding advance directives and end-of-life care.
 - You have the right to effective pain management.
 - You have the right to know about your charges.
 - You have the right to participate in ethical questions and to know the Surgery Center rules and regulations and ethical practices.
 - You have the right to continuity of care when you are discharged from Hanover Outpatient Surgery Center or are transferred to another facility.
 - You have the right to voice your complaints.
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For complaints & Grievances:

*Valerie S. Rice, Administrator
Hanover Outpatient Surgery Center, LP
7016 Lee Park Road
Mechanicsville, VA 23111
(804) 730-9000*

Virginia Health Quality Center
Toll Free: 1-866-263-8402
Local: 1-804-289-5320

Virginia Department of Health
Office of Licensure and Certificate
9960 Mayland Drive, Suite 401
Richmond, VA 23233-1463
1-800-955-1819
Metro Richmond Area: 804-367-2106

Medicare Beneficiaries: www.cms.hhs.gov/center/ombudsman.asp

Your Responsibilities As A Patient

As a patient here, you have the following responsibilities:

- Provide complete medical information
- Ask for clear explanations
- Make informed decisions
- Understand your role in your care and the knowledge and skills you need
- Report changes
- Accept financial obligations
- Respect others' privacy
- Abide by hospital rules and regulations

Disclosure of Physician Ownership:

Your physician,
Dr. _____ (has)(does not
have) a financial interest in Hanover
Outpatient Surgery Center.

Sign: _____ / /
Patient Date