



PATIENT BILL OF RIGHTS

While a patient here with us at Canyon Surgical Center, it is our goal to partner with you in order to provide you with high quality safe care that respects your needs, values, and wishes. To assist us with accomplishing this goal, you, as our patient, as well as your loved ones, know what to expect from us and what we expect from you.

You and Your Family Have the Right To:

- Receive a written statement of your rights.
- Compassionate and respectful care with a reasonable response to your cultural and personal values, beliefs, and preferences.
- Have access to treatment regardless of race, color, creed, sex, sexual orientation, national origin, mental or physical disability, diagnosis, religion, age, or socio-economic status.
- Consent or refuse any treatment at any time, as permitted by law.
- Receive truthful information regarding your diagnosis along with knowledge of the risks and benefits and the risks and benefits of each alternative treatment.
- Appropriate assessment, prevention, and management of your pain and to receive information about pain and pain relief measures.
- Verbal and physical privacy as much as is reasonably possible.
- Expect that your medical record will be reviewed only by those persons involved in your care and to those authorized in the General Consent to Treat or otherwise authorized by you.
- Have an advance directive, such as a living will or healthcare power of attorney, and receive care that is consistent with these directives.
- Know the name and role of those caring for you, including physicians or other practitioners that are primarily responsible for your care.
- Agree to or refuse treatment that involves research or experimental treatments.
- Be free from retaliation for submitting a grievance to the Center or another entity.
- To remain free from all forms of abuse, assault, harassment, manipulation, coercion, neglect, or exploitation of a sexual nature or otherwise.
- To ask or be informed of the existence of business relationships among the Center, education institutions, and other health care providers or payers which may influence your care or treatment.
- Be free from restraints unless medically or behaviorally necessary to ensure your safety and the safety of others.
- Be free from the misappropriation of personal and private property by a Center employee, volunteer, or student.
- Access to protective and advocacy services or have these services accessed on your behalf.
- Request and review your medical records and the information explained, except when restricted by law.
- Receive a referral to another health care institution if the Center is not authorized or not able to provide physical health services or behavioral health services that are needed.
- Request and examine an explanation of the bill, regardless of the source of payment.
- Receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising your rights.

If you feel that these rights have been violated, please contact the Center Administrator at 480-561-0446

Patient/Guardian Name: _____ Date: _____

Patient/Guardian Signature: _____