



**WESTFALL SURGERY CENTER, LLP**

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**WESTFALL SURGERY CENTER PATIENTS**

*The Center for Medicare and Medicaid Services (CMS) recently issued regulations requiring ambulatory surgery centers to inform you of the following: written notice of ownership, advance directives, patient's responsibilities, and New York State Department of Health (NYSDOH) Patient's Bill of Rights.*

**Westfall Surgery Center, LLP is owned by the following physicians:**

*Alan F. Bloom, M.D.*

*Ronald R. Reed, M.D.*

**Advance Directives:**

An Advance Directive is a type of written or oral instruction which explains what health care is to be provided should you become unable to make your wishes known. It is the policy of Westfall Surgery Center to accept Advance Directives. However, based on organization conscience, and in accordance with New York State Public Health Law, Westfall Surgery Center will not honor a Do Not Resuscitate (DNR) order. Should there be a medical emergency, appropriate medical care, including resuscitation, will be provided and you will be transferred to an acute care facility. If we have received a copy of your Advance Directive, a copy will accompany you to the receiving facility.

It is your right and responsibility to make educated decisions about your health care. If you need a health care proxy form, they can be printed from the New York State Department of Health website at [www.health.state.ny.us](http://www.health.state.ny.us) or are available at Westfall Surgery Center upon request.

**Patient Responsibilities:**

Patients should understand and exercise the following responsibilities:

1. Provide a complete medical history, to the extent possible, including information about past illnesses, medications, hospitalizations, family history, and other matters relating to present health.
2. Request information or clarification about their health status or treatment when they do not fully understand what has been described.
3. Follow the treatment plan prescribed by your provider.
4. Provide a responsible adult to transport you home from the facility and remain with you for twenty-four [24] hours, if required by your provider.
5. Inform your provider about any living will, medical power of attorney, or other directive that could affect your care.
6. Accept personal financial responsibility for any charges not covered by your insurance.
7. Be respectful of all the healthcare providers and staff, as well as other patients.
8. Follow the policy that Westfall Surgery Center is a no smoking facility.

**Westfall Surgery Center Patient Bill of Rights:**

Please see back side of this document for the NYSDOH Patient's Bill of Rights

**RETAIN THIS PAGE FOR YOUR RECORDS**

# Patients' Bill of Rights for Diagnostic & Treatment Centers (Clinics)

**As a patient in a Clinic in New York State, you have the right, consistent with law, to:**

- (1) Receive services(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor;
- (2) Be treated with consideration, respect and dignity including privacy in treatment;
- (3) Be informed of the services available at the center;
- (4) Be informed of the provisions for off-hour emergency coverage;
- (5) Be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
- (6) Receive an itemized copy of his/her account statement, upon request;
- (7) Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
- (8) Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
- (9) Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
- (10) Refuse to participate in experimental research;
- (11) Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
- (12) Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health's Office of Primary Health Systems Management;
- (13) Privacy and confidentiality of all information and records pertaining to the patient's treatment;
- (14) Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
- (15) Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3. For additional information link to: [http://www.health.ny.gov/publications/1449/section\\_1.htm#access](http://www.health.ny.gov/publications/1449/section_1.htm#access)
- (16) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors; and
- (17) Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the center.



**Department  
of Health**