



**WESTFALL SURGERY CENTER, LLP**

1065 Senator Keating Blvd.  
Rochester, NY 14618-2673  
(585) 256-1330

**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 patient's rights, ownership, and advance directive policies.*

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

*Alan F. Bloom, M.D.  
Omar E. Hanuch, M.D.  
Steve B. Park, 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 Westfall Surgery Center Patient Bill of Rights

**RETAIN THIS PAGE FOR YOUR RECORDS**



## WESTFALL SURGERY CENTER, LLP PATIENT'S BILL OF RIGHTS

As a patient, patient's representative or patient's surrogate at Westfall Surgery Center, you have the right, consistent with the law, to:

1. Understand and use these rights. If for any reason you do not understand or you need help, Westfall Surgery Center will provide assistance, including an interpreter.
2. Receive treatment without discrimination as to age, race, color, religion, sex, national origin, disability, sexual orientation, gender identity, marital status, or source of payment.
3. Receive considerate and respectful care in a clean and safe environment free of all forms of abuse or harassment and unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care at Westfall Surgery Center.
6. Know the names, positions, and functions of any Westfall Surgery Center staff involved in your care; and refuse their treatment, examination, or observation.
7. A no smoking room.
8. Receive complete information about your diagnosis, treatment, and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment and alternatives for care of treatment.
10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet, "Deciding About Health Care – A Guide for Patients and Families."
11. Refuse treatment and be told what effect this may have on your health, including the right to change your provider if other qualified providers are available.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from Westfall Surgery Center. Westfall Surgery Center must provide you with a written discharge plan.
15. Review your medical record without charge, and obtain a copy of your medical record for which Westfall Surgery Center can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. Complain without fear of reprisals about the care and services you are receiving, including appropriateness of discharge, and to have Westfall Surgery Center respond to you and, if you request, a written response. Complaints and concerns can be addressed in any one of the following ways:
  - a. Discuss with the physician.
  - b. Discuss with the Administrative Director at Westfall Surgery Center (585) 256-1330.
  - c. **Write or call the New York State Department of Health**  
Centralized Hospital Intake Program Mailstop: CA/DCS  
Empire State Plaza Albany, NY 12237  
1-800-804-5447
  - d. **Contact The Office of the Medicare Ombudsman**  
@ <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>  
Questions or Comments:hospinfo@health.state.ny.us
18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
19. 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 at the Center).