

Minnesota Outpatient Surgical Center Patients' Bill of Rights Minnesota Legislature 2004

144.651. Patients and residents of health care facilities: bill of rights

Subdivision 1. **Legislative Intent.** It is the intent of the legislature and the purpose of this section to promote interests and well-being of the patients and residents of health care facilities. No health care facility may require a patient or resident to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or a resident. An interested person may also seek enforcement of these rights on behalf of a patient or resident who has a guardian or conservator through administrative agencies or in district court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patients' civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

Definitions

Subd. 2. **Definitions.** For purpose of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a person who receives health care services at an outpatient surgical center.

Subd. 4. **Information about rights.** Patients shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. Reasonable accommodations shall be made for those with communication impairments and those who speak a language other than English. Current facility policies, inspection finding of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section 626.557, relating to vulnerable adults.

Subd. 5. **Courteous treatment.** Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

Subd. 6. **Appropriate health care.** Patients shall have the right to appropriate medical and personal care based on individual needs.

Subd. 7. **Physician's identity.** Patients shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as a representative.

Subd. 8. **Relationship with other health services.** Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as a representative.

Subd. 9. **Information about treatment.** Patients shall be given by their physicians' complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the patients can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative. This

information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient's medical record, the information shall be given to the patient's guardian or other person designated by the patient or resident as a representative. Individuals have the right to refuse this information.

Every patient suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

Subd. 12. **Right to refuse care.** Competent patients shall have the right to refuse treatment based on the information required in subdivision 9. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the patient's medical record.

Subd. 13. **Experimental research.** Written, informed consent must be obtained prior to a patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

Subd. 15. **Treatment privacy.** Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing and other activities of personal hygiene, except as needed for patient safety or assistance.

Subd. 16. **Confidentiality of records.** Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records shall be made available in accordance with this subdivision and section [144.335](#). This right does not apply to complaint investigations and inspections by the Department of Health, where required by third party payment contracts, or where otherwise provided by law.

Subd. 18. **Responsive service.** Patients shall have the right to a prompt and reasonable response to their questions and requests.

Subd. 19. **Personal privacy.** Patients shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Facility staff shall respect the privacy of a resident's room by knocking on the door and seeking consent before entering, except in an emergency or where clearly inadvisable.

Subd. 20. **Grievances.** Patients shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients and citizens. Patient may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone number for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place.

Compliance by outpatient surgery centers with section [144.691](#) and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.

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ORTHOPAEDIC INSTITUTE SURGERY CENTER IS CERTIFIED BY THE CENTER FOR MEDICARE AND MEDICAID SERVICES. ADDITIONAL AMBULATORY SURGICAL CENTER PATIENT RIGHTS ARE LISTED BELOW.

Nondiscrimination in Health Programs and Activities Affordable Care Act – Section 1557

Orthopaedic Institute Surgery Center complies with applicable federal rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

§416.50 Condition for Coverage – Patient Rights.

OISC must inform the patient or the patient's representative of the patient's rights and must protect and promote the exercise of these rights.

§416.50(a) Standard: Notice of Rights.

Prior to the procedure, OISC must provide the patient or the patient's representative with verbal and written notice of the patient's rights in a language and manner that the patient or the patient's representative understands.

§416.50(a)(1)(i) Standard: Notice of Rights.

OISC must post a written notice of patient rights in a place or places within OISC likely to be noticed by patients or their representatives waiting for treatment. The notice of rights must include the name, address, and telephone number of a representative in the State agency to whom patients can report complaints, as well as the Web site for the Office of the Medicare Beneficiary Ombudsman.

§416.50(b) Standard: Disclosure of physician financial interest or ownership.

OISC must disclose in writing and where applicable, provide a list of physicians who have financial interest or ownership in OISC.

§416.50(c) Standard: Advance Directives.

OISC must provide our advance directive policy in writing to the patient or the patient's representative, including a description of applicable State health and safety laws and, if requested, official State advance directive forms and document in the patient's medical record, whether or not the individual has executed an advance directive. OISC must inform the patient or the patient's representative of the patient's right to make informed decisions regarding the patient's care.

§416.50(d) Standard: Submission and investigation of grievances.

- (1) All alleged violations/grievance relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.
- (2) All allegations must be immediately reported to a person in authority at OISC.
- (3) Only substantiated allegations must be reported to the State authority or the local authority, or both.
- (4) OISC's grievance process must specify timeframes for review of the grievance and the provisions of a response.
- (5) OISC, in responding to the grievance, must investigate all grievances made by a patient or the patient's representative regarding treatment or care that is (or fails to be) furnished.
- (6) OISC must document how the grievance was addressed, as well as provide the patient or the patient's representative with written notice of its decision. The decision must contain the name of the OISC contact person, the steps taken to investigate the grievance, the result of the grievance process and the date the grievance process was completed.

§416.50(e) Standard: Exercise of rights and respect for property and person.

- (1) The patient has the right to the following:

- (i) Be free from any act of discrimination or reprisal.
 - (ii) Voice grievances regarding treatment or care that is (or fails to be) provided.
 - (iii) Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- (2) If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.
 - (3) If a State court has not adjudged a patient incompetent, any legal representative or surrogate designed by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

§416.50(f) Standard: Privacy and Safety.

The patient has the right to –

- (1) Personal privacy.
- (2) Receive care in a safe setting.
- (3) Be free from all forms of abuse or harassment.

§416.50(g) Standard: Confidentiality of Clinical Records

OISC must comply with the Department's rules for the privacy and security of individually identifiable health information as specified in the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.

IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOU OUTPATINET SURGICAL SERVICES, YOU MAY CALL, WRITE OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH, THE OMBUDSMAN FOR LONG-TERM CARE, OR THE ADMINISTRATOR OF THE AMBULATORY SURGERY CENTER AT ORTHOPAEDIC INSTITUTE SURGERY CENTER DIRECTLY.

Office of Health Facility Complaints

(651) 201-4201
1-800-369-7994
Fax: (651) 431- 7452

Mailing Address:

Minnesota Department of Health
Office of Health Facility Complaints
85 East Seventh Place, Suite 300
P.O. Box 64970
St. Paul, Minnesota 55164-0970

Ombudsman for Long-Term Care

(651) 431-2555
1-800-657-3591
Fax: (651) 431-7452

Mailing Address:

Ombudsman for Long-Term Care
PO Box 64971
St. Paul, MN 55164-0971

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Orthopaedic Institute Surgery Center

(952) 914-8418

Mailing Address:

Orthopaedic Institute Surgery Center
Administrator of the Ambulatory Surgery Center
8100 West 78th Street, Suite 220
Edina, MN 55439