

BASC PATIENT RIGHTS AND RESPONSIBILITIES

At the BASC, your patient rights include the following:

- Safe, considerate care
- Privacy, personal and informational
- Participation in healthcare decisions
- Knowing the names of caregivers
- Being fully informed of risks, benefits, expected outcomes and alternative treatments
- Consent to or refuse treatment without being subjected to discrimination
- An advance directive, such as a living will, healthcare proxy, or surrogate decision maker. **BASC will not honor a DNR (do not resuscitate)**
- Confidentiality of your medical record and the right to review your record
- Explanation of the need for your transfer to another facility
- Awareness of the ownership interest by your physician
- Participate in your pain management treatment to enhance recovery
- Consent to or decline to take part in research affecting your care
- Know about center rules that will affect you, your treatment and your payments
- Access to protective services
- Access to an interpreter
- Accommodation of special needs for handicapped or sensory impaired persons
- Accommodations for incompetent patients assigned a surrogate by the State to act on the patient's behalf
- Accommodation for competent patients to delegate their right to make informed decisions to a surrogate to the degree permitted by State law

YOU HAVE THE RESPONSIBILITY TO:

- Provide information about your present and past health history, medications, over the counter medications including dietary supplements, and any allergies or sensitivities
- Ask questions when you do not understand information or instruction
- Keep your health care providers informed of your level of discomfort in a timely manner to maximize the effectiveness of your pain management treatment plan
- Be considerate of the rights of other patients, center staff and center rules and regulations
- Inform us if you have an advance directive and provide a copy to the center
- Comply with the treatment plan and instructions for follow up care
- Assure financial obligation for healthcare services received are promptly met
- Inform center personnel of any special needs or accommodations required
- Provide a responsible adult to transport you home and remain with you for twenty-four (24) hours, if so directed by your provider

TO VOICE CONCERNS OR GRIEVANCES REGARDING CARE PLEASE CONTACT:

Sue Majewski, COO	(603) 622-3670
Ombudsman State of NH, 129 Pleasant Street, Concord NH 03301	(603) 271-6941
Department HHS, 129 Pleasant Street, Concord NH 03301	(603) 271-9700
Accreditation Association for Ambulatory Health Care	(847) 853-6060
Medicare Beneficiary Ombudsman at:	(800) 633-4227
www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html	