



Great Lakes Bay Surgery & Endoscopy Center is a freestanding ambulatory surgery center located at 4228 Bay City Road, Midland, Michigan 48642.

We are Medicare certified, accredited by The Joint Commission and licensed by the State of Michigan.

Below, you will find our Patient's Bill of Rights and Responsibilities, Grievance Procedures, and Advance Directives and Discrimination Statements.

If you have any questions or concerns regarding your scheduled procedure, please call 989-495-9100.

**Great Lakes Bay Surgery & Endoscopy Center**  
is a wholly owned subsidiary of:

MyMichigan Medical Center – Midland  
4000 Wellness Way  
Midland, MI 48670  
989.839.3000

## Patient's Right and Responsibilities

### **Patient's Rights:**

1. Every patient has the right to considerate, respectful care given by kind competent personnel at all times and under all circumstances with recognition of personal dignity.
2. A patient has the right, upon request, to be given the name and professional status of their attending practitioners, the names of all other practitioners directly participating in their care, and the names and functions of other health care persons having direct contact with the patient.
3. A patient has the right to consideration of privacy concerning their medical care program. Case discussion, consultation, examination, treatment, and medical records are considered confidential and shall be handled discreetly.
4. A patient has the right to confidential disclosures and access to their medical records except as otherwise required by law or third-party contractual arrangement.
5. A patient has the right to participate in decision involving their health care except when such participation is contraindicated for medical reasons.
6. A patient has the right to know what Center rules and regulations apply to their conduct as a patient.
7. A patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
8. A patient has the right to full information, in layman's terms, concerning diagnosis, evaluation, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given to the patient's legally designated person.
9. Except for emergencies, the practitioner shall obtain the necessary informed consent from the patient, their legal guardian or power of attorney prior to the initiation of a procedure.

10. The patient has the right to receive relief from pain, appropriate pain prevention, and pain management.
11. A patient has the right to refuse drugs or treatment to the extent permitted by status. A practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.
12. A patient has the right to medical and nursing services without discrimination based upon age, gender, race, color, religion, sexual orientation, national origin, handicap, disability or source of payment.
13. A patient who does not speak English or has hearing or sight limitations shall have access to interpreter services or visual and auditory aids.
14. The Center shall provide the patient, or patient designees, upon request, access to the information contained in their medical record.
15. A patient has the right to expect their time is recognized as valuable, to have explanations provided in the event of delays, and to be kept as comfortable as possible.
16. A patient has the right to expect emergency procedures to be implemented without unnecessary delay. When an emergency occurs and a patient is transferred to a hospital, the responsible person shall be notified.
17. A patient has the right to expect that the Center will provide information for continuing health care requirements and the means for meeting those following discharge.
18. A patient will be informed of their right to change primary or specialty physician if another qualified physician is available.
19. The patient has the right to be informed of estimated fees for services, payment policies, and know if the center accepts their health insurance.
20. A patient has the right to be informed of their rights at the time of admission.

### **Patient's Responsibilities:**

1. The patient will keep their appointment or call the Center to cancel when they cannot keep a scheduled appointment.
2. The patient will provide complete and accurate information to the best of his/her ability about his/her health including past illnesses, hospitalizations, any medications, including over the counter products and dietary supplements, and any allergies or sensitivities.
3. The patient will follow the pre-procedure and post-operative treatment plan prescribed by his/her provider. They will ask questions to clarify their understanding.
4. The patient will provide a responsible adult to transport him/her to and from the facility and remain with him/her for 24 hours, if required by his/her provider.
5. Patients have the responsibility for arranging the necessary care or support at home after their treatment at the Center.
6. Patients have the responsibility to report changes in their condition and status to the organization and their physician in a timely manner both before and after the care received at the Center.
7. The patient has a right to have an Advance Directive. The patient may provide a signed copy at admission. (Due to the elective nature of the proposed procedure, Advance Directives will not be honored at Great Lakes Bay Surgery & Endoscopy Center. However, a copy will remain in the patient chart and will be included in transfer paperwork if patient is transferred to a hospital).
8. The patient will provide information necessary to process their bill with the insurance carrier, to obtain any necessary referrals from their primary care physician, to accept personal financial responsibility for any charges not covered by his/her insurance, and to be prompt about payment of their Center bills. A patient may ask any question they might have concerning their bills.

9. The patient will be respectful of all the health care providers, the staff and our facility as well as, other patients.
10. The patient is encouraged to provide input on the care they received and to complete and return the patient satisfaction survey that is provided.

### **ADVANCED DIRECTIVES:**

Great Lakes Bay Surgery & Endoscopy recognizes the right of each patient to participate in decision-making concerning their medical treatment, including the right to give informed consent or informed refusal of medical care.

As a patient of the Great Lakes Bay Surgery and Endoscopy Center, if you have an Advance Directive, a copy will be placed in the patient chart. Due to the elective nature of the proposed procedure, Advance Directives will not be honored at Great Lakes Bay Surgery & Endoscopy Center. However, a copy will remain in the patient chart and will be included in transfer paperwork if patient is transferred to a hospital. If you request, our staff will provide a State of Michigan Advance Directive Form at registration.

8

Information regarding whether or not you have executed an Advance Directive will be documented in the patient electronic medical record. Patients have the right to make informed decisions regarding care while here. Please discuss your interests and concerns with our clinical staff and your doctor.

In the case of medical emergency, the patient will be transferred to a hospital. A copy of the Advance Directive will be sent to the hospital where the patient is being transferred, if Advance Directives have been provided to our staff



## **SUBMISSION AND INVESTIGATION OF GRIEVANCES**

If you have any concerns regarding your rights and responsibilities, or if you have any complaints or grievances on how these rights were or were not administered, please contact the Civil Rights Coordinator who will investigate your issue. The Civil Rights Coordinator can be reached at:

Great Lakes Bay Surgery & Endoscopy Center  
Debra Fin, MS - Administrator  
4228 Bay City Road  
Midland, MI 48642  
989.495.9100

6 The Administrator or his/her designee will attempt to address and resolve the concern by telephone or in person within 3 days. If the patient continues to have a concern, you may also register complaints with the State of Michigan:

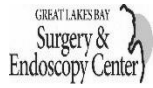
**Michigan Department of Licensing and Regulatory Affairs**  
**Bureau of Health Care Services**  
**Complaint Investigation Unit**  
P.O. Box 30664  
Lansing, MI 48909

E-mail: [BHCS-Facility-Complaints@michigan.gov](mailto:BHCS-Facility-Complaints@michigan.gov)  
Hotline: 800.882.6006

**The Joint Commission**  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
(630) 792-5000

**Office of Beneficiary Ombudsman**  
**[www.medicare.gov](http://www.medicare.gov)**

Visit the website listed above or call 1-800-MEDICARE (1-800-633-4227) for more information, to ask questions, and to submit complaints to the office of the Medicare Ombudsman. TTY users should call 1-877-426-2048.



## **DISCRIMINATION IS AGAINST THE LAW**

If you feel that Great Lakes Bay has failed to provide these services or discriminated in any other way on the basis of race, color, gender, national origin, age, disability, sex, or religion, in addition to contacting our Civil Rights Coordinator, you can contact the Office of Civil Rights (OCR) in one of three ways:

1. Via e-mail to [ocrcomplaint@hhs.com](mailto:ocrcomplaint@hhs.com)
2. Via web portal at <https://ocrportal.hhs.gov/ocr>
3. Via mail or phone at:

**Centralized Case Management Operations**  
**U.S. Department of Health and Human Services**

200 Independence Avenue SW

Room 509F

Washington, DC 20201

1-(800)-368-1019 or 1-(800)-537-7697 (TDD)