

## Parkway General Surgeons

As a patient of **PARKWAY GENERAL SURGEONS (PGS)**, you have certain rights. Your rights and how to inform us of your concerns are outlined below:

### AS A PATIENT, YOU HAVE THE RIGHT TO:

1. Considerate, respectful care; including respect for your personal values and beliefs.
2. Fully participate in all decisions related to your health care. If you are unable to participate in your own decisions, you have the right to be represented by parents, guardians, family members or other conservators.
3. Financial Interest disclosure of owners of **PARKWAY SURGICAL CENTER**: Know that all surgeons of **PARKWAY GENERAL SURGEONS** are owners of **PARKWAY SURGICAL CENTER** and therefore have a financial interest in the facility. This includes Dr. Vander Griend and Dr. Miller.
4. Confidentiality and Privacy. **PGS** is compliant with HIPAA privacy protection guidelines as well as Red Flag Rules to protect your financial information.
5. Access to information contained in your medical records in accordance with state and federal regulations and **PGS** policy.
6. Participate in the resolution of dilemmas regarding care decisions.
7. Information necessary to give informed consents before the start of any procedure. Except in emergencies, this information usually includes a description of the procedure and risks involved.
8. Refuse treatment and to be informed of the medical consequences of your refusal.
9. Participate in supportive care decisions at the end of life.
10. Provide patient or, as appropriate, the patient's representative in advance of a procedure, with information concerning its policies on advance directives, including a description of applicable State health and safety laws and, if requested, official State Advance Directive forms. The Advance Directive will be placed in a prominent position in your medical chart.
11. **Advance Directives**: If you have an Advance Directive, please present it prior to surgery, a copy will be kept on file. It is our policy, however, not to honor this at our facility. We will send a copy with you to the hospital in the case that you are transferred directly from our facility. If you would like to have a copy of an Advance Directive, we have blank copies available, please inquire with our front desk staff.
12. **Submission and investigation of grievances** relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse. PGS will fully investigate any such grievances. To submit grievances, please send Child Abuse grievances to DSHS/Division of Family Services, Children's Protective Services, 1720 Ellis Street, Suite 100, Bellingham, WA 98225 or phone (360) 647-1600 or for Elder Abuse grievances submit in writing to the County department of Public Social Services and call (866) 809-5167.
13. Exercise his or her rights for property and person.
14. Exercise his or her rights without being subject to discrimination or reprisal.
15. Voice grievances regarding treatment of care that is (or fails to be) performed.
16. Be fully informed about a treatment or procedure and the expected outcome before it is performed.
17. Allow family input into care decisions in compliance with existing legal directives or existing court orders.

### HOW TO REGISTER CONCERNS:

Contact the Practice Manager, Jessica Delamare at 360-733-0070 or in person at 2940 Squalicum Pkwy #204, Bellingham, WA 98225.

You may contact the State of Washington Ombudsman, Chuck Davis or Suzan Lange at 330 Pacific Place, Mt. Vernon, WA 98273 Toll Free: 1-888-336-6164

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

HSQA Complaint Intake at PO BOX 47857, Olympia, WA 98504-7857 Toll Free:800-633-6828, Fax: 360-236-2626 or email [hsqacomplaintintake@doh.wa.gov](mailto:hsqacomplaintintake@doh.wa.gov)

Medicare Help and Support:1-800-MEDICARE