

**North Hills Surgery Center, L.L.C.**  
**3271 N. Wimberly Drive**  
**Fayetteville, AR 72703**  
**479-713-6110**

**Patient Rights and Responsibilities**

**Patient Rights:**

**Necessary care** without regard to your color, religion, sex, age, or disability.

- If we cannot provide you with the care you require, we will help you seek care through another facility.
- We will not transfer you to another facility without explaining the reasons for transfer.

**Care that is respectful** of your faith, cultural and personal values to the extent you make them known to us.

**Know the names** of the doctor(s) responsible for your care and the staff who care for you.

**Know the professional relationship** between the North Hills Surgery Center and the doctors who care for you or to whom you are referred.

**Information about your illness**, treatment plan, risks, alternative and prospects for recovery from your doctor in terms you can understand. Tell us if you have vision, hearing, or speech problems or if you need a translator.

**Take part in the decisions** regarding your care.

- You and your family are part of our healthcare team.
- We will listen to you and your family.
- We will tell you the truth.
- We need your help to decide the best ways to take care of you.
- You have the right to refuse or withdraw treatment.
- You may appoint someone to make decisions for you in the event you are unable to make those decisions.
- You and your family may ask to have your ethical concerns or conflicts discussed with your doctor.

**Privacy and confidentiality.**

**Complain and expect us to respond** in a timely manner.

**Security and protective services** if you feel threatened or in danger.

**Visits from family and friends** in accordance with center policy and approval of your doctor.

**See your medical record.**

**Safe pain relief.**

**Have your doctor explain** your health needs after discharge. We will help you and your family learn how to care for your needs and where to go for care after you leave the center.

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**Request a copy of your account history.**

**Have these patient rights apply** to the person you have legally chosen to make decisions for your care when you cannot express them.

**Give your consent to or refuse treatment**, procedures or being a part of a research study after you have been fully informed of the following:

- Who will perform the treatment or procedure.
- The treatment or procedure, the success rate, risks, alternatives and the results of not having the treatment or procedure in words you can understand.

**Leave the center** against the advice of your doctor.

**Freedom from restraints or seclusion** of any kind that is not medically necessary.

**Patient Responsibilities:**

**Be honest with us about:**

- Your current and past health.
- Any changes in your condition that you have noticed.
- Any medicines you take, including those ordered by your doctors or bought over-the-counter.
- Any worries you and your family have about you condition or treatment.
- Any religious, cultural, personal or learning needs you may have.

**Help us care for you by:**

- Following the directions of your doctors, nurses and other staff.
- Letting us know when you cannot follow our directions.
- Learning, with the help of your doctor and our staff, what you can do to take care of yourself.
- Telling us when treatment is making things better or worse.
- Asking us questions when you do not understand.
- Telling your doctor or nurse if you think we have not met our responsibility, so we can work together to solve any problem.

**Respect and follow our rules and regulations by:**

- Respecting the privacy of others and keeping what you hear about others to yourself.
- Leaving your valuables at home or giving them to your family.
- Taking care of center property.
- Not bringing a weapon, alcohol, or illegal drugs into the center.
- Not smoking on center property.
- Not using foul or abusive language or threaten or hit another person.

While your health is our first concern, you are responsible for your bill. Please give us correct information about your insurance, if any, and provide the center with any forms or records your insurance company needs in order to pay your bills.

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**How to File a Grievance or Complaint**

All patients have the right to file a grievance or complaint regarding their care or treatment either verbally or in writing. Once a grievance is filed with North Hills Surgery Center, the center will respond to the patient within 30 days.

**What is a grievance?**

A formal or informal written or verbal complaint that is made to the center by a patient or patient's representative regarding a patient's care (when such complaint is not resolved at the time of the complaint by the staff present), abuse, neglect or center compliance issues.

**What is a complaint?**

An issue presented during care and resolved at the same time by a member of the center's staff. A billing issue whether filed informally or formally.

**Who do I file my grievance or complaint with?**

1. During patient care you can ask to speak to the Manager immediately.
2. After patient care you may contact the Administrator, Dawn Ashby by phone 479-713-6100 or in writing 3271 N. Wimberly Drive Fayetteville, AR 72703 or visit the center's website: [nhscnwa.com](http://nhscnwa.com)
3. You may also address the Chairman of the Board, Dr. Ronald Mullis in writing to the address above.
4. You may also contact Doug Gordon, Program Manager for the Arkansas Department of Health by phone 1-800-462-0599 or 1-501-661-2201 or in writing 4815 West Markham Street Little Rock, AR 72205.
5. You may contact the office of the Medicare Beneficiary Ombudsman at <http://www.cms.gov/center/ombudsman.asp>