



# BEND SURGERY

C • E • N • T • E • R

In for Care • Home for Comfort

1303 NE Cushing Dr. Suite 200  
Bend, Oregon 97701  
Phone (541) 318-0858  
Fax (541) 318-6740

## NOTICE OF PATIENT RIGHTS AND PRIVACY PRACTICES

THIS INFORMATION IS PROVIDED TO YOU BY BEND SURGERY CENTER

THIS NOTICE DESCRIBES PATIENT'S RIGHTS AND HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

- Patient Responsibilities
- Individual Rights
- Bend Surgery Center's Policy of resuscitative measures and access information to obtain Advance Directive
- Submission and Investigation of Grievances
- The Facility's statement of Physician's ownership interest in Bend Surgery Center
- Privacy Practice and Rights

**Please call 318-6710 to listen to this information verbally.**

And you may visit Bend Surgery Center's website for information at [www.bendsurgery.com](http://www.bendsurgery.com)

# PATIENT'S RESPONSIBILITIES

Patients and/or family have the responsibility to:

Provide information about past illnesses, hospitalizations, medications and other matters relating to their health and to answer all questions concerning these matters to the best of their ability.

Be considerate of other patients and to see that family members are also considerate, especially in regards to smoking, noise and visitation policies.

Be respectful of others, their property and the property of the Facility and its personnel.

Be prompt in arranging for the payment of bills and provide necessary information for insurance processing.

Keep all appointments at their scheduled time or contact staff as early as possible if a scheduled appointment cannot be kept.

Cooperate with medical personnel in their efforts to restore functional capacity by following instructions and by asking questions if information is not understood.

Be responsible for informing staff of physical changes experienced during treatment.

Indicate if they feel their privacy is being violated.

Indicate if they feel their safety is being threatened.

File a grievance per outlined procedure and be assured Bend Surgery Center will respond as stated in policy and procedure.

Upon discharge by staff, maintain follow-up treatment recommended.

## **BEND SURGERY CENTER PATIENT'S BILL OF RIGHTS**

- 1. The patient has the right to considerate and respectful care.**
- 2. Patient has right to personal privacy - by virtue of physical surrounding modification and respect of dignity by healthcare workers and business office employees.**
- 3. Patient has right to receive care in safe setting - by virtue of trained, professional healthcare workers and adherence to State, Local and Federal safety standards.**
- 4. Patient has right to be free from all forms of abuse.**
- 5. The patient has the right to obtain from his physician complete and current information concerning his diagnosis, treatments and prognosis in terms the patient can be**

reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his behalf. He has the right to know, by name, the physician responsible for coordinating his care.

6. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of the procedure and/or treatment. Except in emergencies, such information should include but not necessarily be limited to their diagnosis, the specific procedures and/or treatments, the medically significant risks involved, prognosis, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information.
7. The patient has the right to participate in decisions involving his care except when contraindicated for health reasons and to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.
8. The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.
9. The patient has the right to expect the Surgery Center to use and disclose information pertaining to his care in accordance with the Surgery Center's Notice of Privacy Practices. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Bend Surgery Center will comply with State and Federal rules for privacy and security of the individually identifiable health information as specified at 45 CFR parts 160 & 164. HIPAA guidelines must be followed.
10. The patient has the right to expect that within its capacity, the Surgery Center must make a reasonable response to the request of a patient for services. The Surgery Center must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another health care facility after he has received complete information and explanations concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
11. The patient has the right to obtain information as to any relationship of this Surgery Center to other health care and educational institutions, insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name that is treating him.
12. The patient has the right to be advised when the Surgery Center proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
13. The patient has the right to expect reasonable continuity of care and to know in advance what appointment times and physicians are available and when. The patient has the right to expect that the Surgery Center will provide a mechanism whereby he is informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge.
14. The patient has the right to appropriate assessment and management of pain.

- 15. The patient has the right to know what Surgery Center rules and regulations apply to his conduct as a patient; e.g., the patient is responsible for providing information about his health, including past illnesses, hospitalizations, and medication. The patient is responsible for asking questions to seek information or clarification of things not understood and for advising the physician if the decision is made to stop the treatment plan. The patient is responsible for providing payment information and making arrangements to pay.**
- 16. The patient has the right to receive services without regard to age, race, color sexual orientation, religion, marital status, sex, national origin or sponsor**
- 17. The patient has the right to be informed of the services available at the Surgery Center.**
- 18. The patient has the right to be informed of the provisions for off-hour emergency coverage.**
- 19. The patient has the right to be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced-cost care.**
- 20. The patient has the right to information about the Surgery Center's payment plans and to examine and receive an explanation of his bill regardless of the source of payment.**
- 21. The patient has the right to receive an itemized copy of his account statement upon request.**
- 22. The patient has the right to voice grievances relating to but not limited to mistreatment, neglect, verbal, mental, sexual or physical abuse with either verbal or written complaints, and recommend changes in policies and services to Bend Surgery Center staff, the Privacy Officer and the Agency for Healthcare Administration without fear of reprisal. Information on page 5 to file complaint.**
- 23. The patient has the right to express complaints about the care and services provided and to have the Surgery Center investigate such complaints. The Surgery Center is responsible for notifying the patient that the patient or his designee also may complain to the Bend Surgery Center Privacy Officer or the Department of Human Resources, Oregon State Health Division, the Agency for Healthcare Administration, or the Joint Commission. Information for contact is on page 5.**
- 24. The patient has the right to review his record and to approve or refuse the release or disclosure of the contents in accordance with the Surgery Center's Notice of Privacy Practices.**
- 25. The patient has the right to expect that marketing and/or advertising conducted by the Surgery Center is not misleading.**
- 26. The patient has the right to have an advance directive, such as a Living Will or health care proxy. These documents express the patient's choices about his future care or name someone to decide if he cannot speak for himself. If the patient has a written advance directive, a copy should be provided to the Surgery Center.**
- 27. The Surgery Center complies with the Medicare ASC conditions of Coverage concerning patient rights (42 CFR 416.50).**

# **BEND SURGERY CENTER PATIENT INFORMATION PERTAINING TO RESUSCITATIVE MEASURES**

*Not a revocation of Advance Directive or Medical Powers of Attorney*

All patients have the right to participate in their own health care decisions and to make advance directives or to execute powers of attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. This Surgery Center respects and upholds those rights.

However, unlike in an acute care hospital setting, the Surgery Center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after your surgery.

Therefore, it is our policy, supported by Oregon Law 127.625, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at this facility we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your desired care, as your Advance Directive or Health Care Power of Attorney is stated. Your agreement with this policy does not revoke or invalidate any current Advance Directive or Health Care Power of Attorney.

**IF YOU DO NOT AGREE TO THIS POLICY,  
WE ARE PLEASED TO ASSIST YOU TO RESCHEDULE THE PROCEDURE.**

If you have an Advanced Directive, please provide us with a copy to be placed in your medical record.

If you do not have an Advance Directive form, you can visit this website or we can provide you with a copy upon your admission:

[http://egov.oregon.gov/DCBS/SHIBA/Advanced\\_Directives.shtml](http://egov.oregon.gov/DCBS/SHIBA/Advanced_Directives.shtml)

## **SUBMISSION AND INVESTIGATION OF GRIEVANCES**

The patient and/or family/responsible party has the right to voice grievances relating to but not limited to mistreatment, neglect, verbal, mental, sexual or physical abuse or privacy practice complaints with either verbal or written complaints.

These can be submitted to the Privacy Officer at Bend Surgery Center, 1303 NE Cushing Dr., Suite 200, Bend, OR 97708 (Phone number 541-318-0858).

You may contact the Secretary of the U.S. Department of Health and Human Services at: 200 Independence Ave, SW, Room 509F, HHH Building, Washington DC 20201 (e-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)).

This facility is accredited through The Joint Commission on the Accreditation of Healthcare Organizations and you may register an unresolved complaint by contacting:

Joint Commission 1 800 994-6610 or online Complaint forms are available at

<http://www.jointcommission.org/GeneralPublic/Complaint/>

Patients who are Medicare beneficiaries, or their representative, should be informed that the role of the Medicare Beneficiary Ombudsman is to ensure that Medicare Beneficiaries receive the information and help they need to understand their Medicare options and to apply their Medicare rights and protections.

Office of the Medicare Beneficiary Ombudsman is at

<http://www.cms.hhs.gov/center/ombudsman.asp>

Oregon Health Authority Complaint Line (971) 673-0540

# NOTICE OF PRIVACY PRACTICES

We are committed to preserving the privacy of your personal health information, and in fact, are required by law to protect the privacy of your medical information. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires us to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

This Notice applies to Bend Surgery Center. It also applies to the physician members of our medical staff, such as your surgeon and anesthesiologist, while they are at Bend Surgery Center.

## Information Collected About You

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

Your name, address and phone number.

Information relating to your medical history.

Your insurance information and coverage.

Information concerning your doctor, nurse or other medical providers.

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your “circle of care”—such as the referring physicians, your other doctors, your health plan and close friends or family members.

## How We May Use and Disclose Information About You

We may use and disclose personal and identifiable health information about you for a variety of purposes. All of the types of uses and disclosures of information are described below, but not every use or disclosure in a category is listed.

- Required Disclosures. We are required to disclose health information about you to the Secretary of Health and Human Services, upon request, to determine our compliance with HIPAA and to you, in accordance with your right to access and right to receive an accounting of disclosures, as described herein.
- For Treatment. We may use health information about your treatment. For example, we may use your medical history, such as any presence or absence of heart disease, to plan for appropriate monitoring during your surgical procedure.
- For Payment. We may use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical condition so that it will pay us for services that we have furnished you. We may also need to inform your payer of the services that you are going to receive in order to obtain prior approval or to determine whether the service is covered.
- For Health Care Operations. We may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for accreditation organizations, auditors or other consultants to review our facility, evaluate our operations and tell us how to improve our services. Or for example, we may use and disclose your health information to review the quality of services provided to you.

- *Our Business Associates.* We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.
- *Disclosures to Persons Assisting in Your Care or Payment for Your Care.* We may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your “circle of care”—such as your spouse, your other doctors or an aide who may be providing services to you. We may also use and disclose health information about a patient for disaster relief efforts and to notify persons responsible for a patient’s care about a patient’s location, general condition or death. Generally, we will obtain your verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as in an emergency situation, we may make these uses and disclosures without your agreement.
- *Surgery Appointment Reminders.* We may use and disclose medical information to contact you as a reminder that you have a surgery appointment.
- *Admittance of Qualified Observers in the Operating Room.* We may, for the purpose of medical education, allow the admittance of qualified observers, such as nursing students or equipment representatives in the Operating Room.
- *Public Policy Uses and Disclosures.* There are a number of public policy reasons why we may disclose information about you, which are described below.

We may disclose health information about you when we are required to do so by federal, state or local law.

We may disclose protected health information about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority authorized to collect or receive information for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few.

We are also permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. Additionally, we may disclose protected health information to a person subject to the Food and Drug Administration’s power for the following activities: to report adverse events, product defects or problems, or biological product deviations; to track products; or to enable product recalls or repairs or replacements. We may also disclose a patient’s health information to a person who may have been exposed to a communicable disease or to an employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether an individual has a work-related illness or injury.

We may disclose a patient’s health information where we reasonably believe a patient is a victim of abuse, neglect or domestic violence and the patient authorizes the disclosure or it is required or authorized by law.

We may disclose health information about you in connection with certain health oversight activities of licensing and other health oversight agencies, which are authorized by law. Health oversight



activities include audit, investigation, inspection, licensure or disciplinary actions and civil, criminal or administrative proceedings or actions or any other activity necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.

We may disclose your health information as required by law, including in response to a warrant, subpoena, or other order of a court administrative hearing body, or to assist law enforcement to identify or locate a suspect, fugitive, material witness or missing person. Disclosures for law enforcement purposes also permit us to make disclosures about victims of crimes and the death of an individual, among others.

We may release a patient's health information (1) to a coroner or medical examiner to identify a deceased person or determine the cause of death and (2) to funeral directors. We also may release personal health information to organ procurements organizations, transplant centers and eye or tissue banks, if you are an organ donor.

We may release your health information to workers' compensation or similar programs, which provide benefits for work-related injuries or illnesses without regard to fault.

Health information about you will be disclosed, when necessary, to prevent a serious threat to your health and safety or the health and safety of others.

If you are a member of the Armed Forces, we may release health information about you for activities deemed necessary by military command authorities. We also may release personal health information about foreign military personnel to their appropriate foreign military authority.

We may disclose your protected health information for legal or administrative proceedings that involve you.

We may release such information upon order of a court or administrative tribunal. We may also release protected health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

If you are an inmate, we may release protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials in certain situations, such as where the information is necessary for your treatment, health or safety or the health and safety or others.

Finally, we may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

### **Other Uses and Disclosures of Personal Information**

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization, except to the extent we have already relied on your permission.

## Individual Rights for Privacy Practices

You have the right to ask for restrictions on the way we use and disclose your health information for treatment, payment and health care operation purposes except for requests to limit disclosures to your health plan for purposes of payment of health care operations when you have paid in full, out of pocket for the item or service covered by the request and when the uses or disclosure are not required by law. You may also request that we limit our disclosures to persons assisting in your care or payment for your care. We will consider your request, but we are not required, to accept it. Please contact the Privacy Officer at the address below to obtain the appropriate form for exercising these rights.

You have the right to restrict disclosure of Protected Health Information to a health plan, for payment or health care operations, if the disclosure is for a healthcare item or service for which the individual has paid out of pocket in full.

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

You have the right to be notified following a breach of your unsecured Protected Health Information.

Except under certain circumstances, you have the right to inspect and copy medical, billing records and other records used to make decisions about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe that information in your record is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.

You have a right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list uses and disclosures for your treatment; payment for services furnished to you; our health care operations; disclosures to you; disclosures you give us authorization to make; and uses and disclosures before April 14, 2003, among others. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have a right to a copy of this notice in paper form. You may ask us for a copy at any time.

To exercise any of your rights, please submit your request, in writing, to: Privacy Officer, Bend Surgery Center, 1303 NE Cushing Drive, Suite 200, Bend, Oregon 97701. When making a request for amendment you must state a reason for making the request.

Title 45 - Public Welfare

Subtitle A - Department of Health and Human Services

Part 160, 164 General Administrative Requirements

**Web Address:** <http://www.access.gpo.gov>

### Changes To This Notice

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this notice, the revised notice will be posted. In addition, you may request a copy of the revised notice at any time.

## NONDISCRIMINATORY POLICY

### **Ensures education of and public awareness of Civil Rights.**

"This facility has agreed to comply with the provisions of the Federal Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act (ACA) and all requirements imposed pursuant thereto to the end that no person shall, on the grounds of race, color, national origin, ancestry, age, sex, religious creed, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination in the provision of any care or service."

## CIVIL RIGHTS COMPLIANCE

The Bend Surgery Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Bend Surgery Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## COMMUNICATION ASSISTANCE

The Bend Surgery Center provides services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information if other formats can be requested and made readily available, other formats may include (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, contact the Administrator at 541-318-0858.

If you believe that that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Neal Maerki, RN, CASC, Administrator

Bend Surgery Center

1303 NE Cushing Dr. Ste. 200

Bend, OR 97701

Phone: 541-318-0858      Email: [grievances@bendsurgery.com](mailto:grievances@bendsurgery.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Administrator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F

HHH Building, Washington, DC 20201

1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

The Bend Surgery Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

## Informing Individuals with Limited English Proficiency of Language Assistance Services

**ATTENTION: If you speak a foreign language assistance services, free of charge, are available to you. Call 541-318-0858.**

Specific translations for Notice of Nondiscrimination, Statement of Nondiscrimination and Taglines are available at: <http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 541-318-0858.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 541-318-0858。  
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 541-318-0858.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 541-318-0858.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 541-318-0858.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 541-318-0858 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 541-318-0858.

مقرب لصتا. ن اجم اب لكل رفاوتت ةيوغلل ةدعاسم ا تامدخ ن ا ف، ةغلل ا ركذا ثدحتت تنك اذا: ةظوح لم  
541-318-0858 (مكبل او مصلا فتاه مقر) 541-318-0858.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 541-318-0858.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 541-318-0858.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 541-318-0858.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 541-318-0858.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 541-318-0858.

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយឥតគិតថ្លៃភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 541-318-0858

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 541-318-0858.

## SECTION 1557 OF THE AFFORDABLE CARE ACT GRIEVANCE PROCEDURE

It is the policy of The Bend Surgery Center not to discriminate on the basis of race, color, national origin, sex, age or disability. The Surgery Center has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for the Practice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

### SUBMISSION OF GRIEVANCE

Grievances must be submitted to the Administrator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.

A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

### INVESTIGATION

The Administrator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Administrator will maintain the files and records of the Practice relating to such grievances. To the extent possible, and in accordance with applicable law, the Administrator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.

The Administrator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

## APPEAL

The person filing the grievance may appeal the decision of the Administrator by writing to the (Chief Executive Officer) within 15 days of receiving the Administrator's decision. The (Chief Executive Officer) shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

## ACCOMMODATIONS IN THE GRIEVANCE PROCESS

The Surgery Center will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Administrator will be responsible for such arrangements.



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