

As a state licensed outpatient surgery center and in accordance with State and Federal regulations, the Connecticut Orthopedic Surgery Center (Center) ensures that all patients are properly informed about the following information prior to their scheduled surgical procedure.

**Patient Rights and Responsibilities**  
**Grievance Procedures**  
**Advanced Directives**  
**Anti-Discrimination Policy**  
**HIPAA Privacy Practices**  
**Physician Ownership**

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**PATIENT RIGHTS**

**Patients have the right to:**

- Considerate, dignified, and respectful care in a safe, comfortable environment.
- Personal privacy and confidentiality.
- Be free from all forms of abuse or harassment.
- Know the names of the health care providers furnishing care to you and their role in your care.
- Treatment by compassionate, skilled, qualified health professionals.
- Be informed about and participate in your care and treatment planning.
- Make informed decisions.
- Timely information regarding Center policy that may limit its ability to implement a legally valid advance directive.
- Refuse treatment as allowed by law.
- Be free from discrimination or reprisal.
- Evaluation, service and/or referral as indicated by the urgency of the case.
- To be transferred to another healthcare facility when medically necessary with explanation concerning this need, its risks and alternatives, as well as acceptance by the receiving institution in advance of such transfer.

- Consent or decline to participate in proposed research studies or human experimentation affecting care or treatment.
- Review and obtain copies of your medical records.
- Receive treatment in an environment that is sensitive to your beliefs, values and culture.
- Be informed about the care you will need after discharge.
- The right to know your physician may have ownership in the Center.
- The right to file a verbal and/or written grievance as outlined in the Grievance Policy.

**PATIENT RESPONSIBILITIES**

**Patients have the responsibility to:**

- Give us complete and accurate information about your medical history, including all prescription and non-prescription medications you are taking.
- Tell us what you need. If you do not understand your care plan, ask questions.
- Be part of your care.
- To follow up on your doctor's instruction, take medication when prescribed, to make and keep follow-up appointments as directed, and ask questions concerning your own health care as necessary.
- To fully participate in decisions involving your own health care and to accept the consequences of these decisions if complications occur.
- If you are not satisfied with your care, please tell us how we can improve.
- Be considerate of the rights of other patients, families, and Center personnel.
- Give us any insurance information we need to help get your bill paid and fulfill financial obligations to the Center. Any verification of benefits has been provided as a courtesy to you. This is not a guarantee of payment. Insurance benefits can sometimes be quoted incorrectly. We strongly recommend that you contact your health plan to verify your insurance information and benefits.

**GRIEVANCE PROCEDURE**

Please contact the following with any concerns or complaints related to your experience at the Center. Complaints are reviewed and acted upon as they are received.

**Administrator**

**Connecticut Orthopedic Surgery Center**  
**205 Sub Way, Milford CT 06461**  
**Phone: (860) 446-7800 Fax 860-446-7801**

The patient, family member, and visitor to the Center may contact the following if not satisfied with the outcome of their complaint:

**Connecticut Department of Public Health**  
**410 Capitol Avenue**  
**Hartford, CT 06134-0308**  
**1.800.509.7400**  
**TTY 860.509.7179**

**Medicare Ombudsman**  
**1-800-633-42273**

**[www.medicare.gov/claims-and-appeals/index.html](http://www.medicare.gov/claims-and-appeals/index.html)**  
**AAHC 847-853-6060**

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**ADVANCED DIRECTIVES**

The Center will always attempt to resuscitate a patient and will transfer that patient to a hospital in the event their condition deteriorates. The Center will file in the patient's medical record copies of the following (or similar) documents if provided by the patient or the patient's representative:

- Appointment of a Health Care Representative
- Living Will and Health Care Instructions
- Documentation of Anatomical Gift
- Conservator of the Person for My Future Incapacity

If an emergency transfer occurs, all pertinent patient information will be copied and sent with the patient to the hospital, including the patient's information regarding Advance Directives.

### **ANTI-DISCRIMINATION POLICY**

The Center does not discriminate, exclude people or treat them differently on the basis of race, religion, color, national origin, age, disability, marital status, gender identity, or sex.

The Center provides free aids and services for disabilities as follows:

- Qualified sign language interpreters
- Written information in other formats (such as large print or electronic formats)

The Center provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages
- **ATTENTION:** Language assistance services, free of charge, are available to you. Call 1-860-339-0534.
- **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-860-339-0534.
- **ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-860-339-0534.

### **HIPAA PRIVACY PRACTICES**

The Center has adopted a Patient Privacy Plan to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended, including by the Health Information Technology for Economic and Clinical Health Act, and applicable security and privacy regulations, as well as our duty to protect the confidentiality, appropriate accessibility, and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. This policy applies to all personnel of the Center.

If you feel that your privacy or access protections have been violated, you may submit a written complaint with the Center or with the Department of Health and Human Services, Office of Civil Rights. (See Grievance Procedure Section for contact information.). See posted Notice of Privacy Practices and/or insert for further details.

### **PHYSICIAN OWNERSHIP**

Please see website at <https://ctorthosc.com/> for a list of physicians with ownership interests at Connecticut Orthopedic Surgery Center.

Connecticut Orthopaedic  
Surgery Center  
Milford 

# Patient Bill of Rights & Information

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Patients who believe that the Center has failed to provide these services may file a complaint either in person or by mail, fax or email. The complaint should be filed with the Center Administrator, whose contact information is listed in the Grievance Procedure Section. Patients can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

### **U.S. Dept. of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at  
[http://www.hhs.gov/ocr/office/file/  
index.html](http://www.hhs.gov/ocr/office/file/index.html)

