

**Carondelet Foothills Surgery Center  
Patient Acknowledgement Form**

**Patient Rights and Responsibilities**

1. Each Patient has the right to be treated with consideration, respect, and full recognition of the Patient’s dignity and individuality, including privacy in treatment and personal care needs.
2. Each patient has the right to refuse or withdraw consent for treatment or give conditional consent for treatment.
3. Each patient has the right to have medical and financial records kept in confidence and the release of such records shall be written consent of the Patient or the Patient’s representative except as otherwise required or permitted by law.

**A detailed copy of Patient Rights and Responsibilities is posted on our website and available at Carondelet Foothills Surgery Center.**

**Patient Grievance Process**

The facility will make every effort to facilitate prompt and fair resolution of your concerns. Every employee is asked to make every attempt to attend to, and if possible, resolve your concerns immediately. If your concerns have not been resolved to your satisfaction you may call the Grievance officer to discuss your concerns directly and or complete a Patient Complaint Form. The form or your written concerns can be mailed or faxed to the Grievance Officer who will contact you about your concerns. Mail or Fax to:

Carondelet Foothills Surgery Center Phone: 877-5665  
Attn: Grievance Officer Fax: 877-5669  
2220 W. Orange Grove Rd  
Tucson, Az. 85741

You also have the right to file a grievance with the following agencies regardless if the surgery center’s policy has been used:

Arizona Department of Health Services Phone: 602-542-1000  
150 N. 18<sup>th</sup> Ave  
Phoenix, Az. 85007

Website: [https://app.azdhs.gov/ls/online\\_complaint/onlinecomplaint.aspx](https://app.azdhs.gov/ls/online_complaint/onlinecomplaint.aspx)

Or

Medicare Beneficiary Ombudsman Phone: 800-633-4227

Website: [www.hhs.gov/center/ombudsman.asp](http://www.hhs.gov/center/ombudsman.asp)

**Advance Directives/Living Will/Health Care Proxy**

It is the goal of this facility to respect and encourage patient self-determination. While the patient is undergoing treatment in the facility it is the policy of this facility to make any and all attempts of resuscitation, as needed, We will resuscitate an maintain life until an appropriate and timely transfer can be made to the nearest hospital. Official Arizona State advance directives forms and information can be found at: [http://www.azsos.gov/adv\\_dir/](http://www.azsos.gov/adv_dir/)

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By signing below, the patient or the patients guardian or legal representative acknowledges receipt of such;

**Notice of Privacy Practices for Health Information      Patient Rights and Responsibilities**

**Grievance Policy      Advance Directive/Living Will/Health Care Proxy Policy**

Patient  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian/Legal Representative      Relationship  
Signature: \_\_\_\_\_ to Patient: \_\_\_\_\_