

Outpatient Surgical Center Patients' Bill of Rights

PATIENTS AND RESIDENTS OF HEALTH CARE FACILITIES BILL OF RIGHTS PER MINNESOTA STATUTES 144.651

Legislative Intent

It is the intent of the legislature and the purpose of this section to promote the interests and well-being of the patients and residents of health care facilities. No health care facility may require a patient or resident to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or resident. An interested person may also seek enforcement of these rights on behalf of a patient or resident who has a guardian or conservator through administrative agencies or in district court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

Definitions

For purposes of this document, patient also means a person who receives health care services at an outpatient surgical center.

Information about rights

Patients shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. Reasonable accommodations shall be made for those with communication impairments and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section 626.557, relating to vulnerable adults.

Courteous treatment

Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

Appropriate health care

Patients shall have the right to appropriate medical and personal care based on individual needs.

Physician's, advanced practice registered nurse's, or physician assistant's identity

Patients and residents shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician, advanced practice registered nurse, or physician assistant responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician, advanced practice registered nurse, or physician assistant in a patient's record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative.

Relationship with other health services

Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician, advanced practice registered nurse, or physician assistant in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as a representative.

Information about treatment

Patients shall be given by their physicians', advanced practice registered nurses, or physician assistants, complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's, advanced practice registered nurse's, or physician assistant's legal duty to disclose. This information shall be in terms and language the patients can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient's medical record, the information shall be given to the patient's guardian or other person designated by the patient or resident as a representative. Individuals have the right to refuse this information.

Every patient suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during their stay, of all alternative effective methods of treatment of which the treating physician, advanced practice registered nurse, or physician assistant, is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

Participation in planning treatment; notification of family members

Patients and residents shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, and the right to include a family member or other chosen representative, or both.

Designated support person

A health care provider and a health care facility must allow, at a minimum, one designated support person chosen by a patient, including but not limited to a pregnant patient, to be physically present while the patient is receiving health care services including during a hospital stay. A facility must allow, at a minimum, one designated support person chosen by the resident to be physically present with the resident at times of the resident's choosing while the resident resides at the facility.

Designated support person means any person chosen by the patient to provide comfort to the patient or resident, including but not limited to the patient's or resident's spouse, partner, family member, or another person related by affinity.

A facility may restrict or prohibit the presence of a designated support person in treatment rooms, procedure rooms, and operating rooms when such a restriction or prohibition is strictly necessary to meet the appropriate standard of care. A facility may also restrict or prohibit the presence of a designated support person if the designated support person is acting in a violent or threatening manner toward others. Any restriction or prohibition of a designated support person by the facility is subject to the facility's written internal grievance procedure required under *Grievances* section below.

Right to refuse care

Competent patients shall have the right to refuse treatment based on the information required under *Information about Treatment* section above. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician, advanced practice registered nurse, or physician assistant, in the patient's medical record.

Experimental research

Written, informed consent must be obtained prior to a patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

Freedom from maltreatment

Patients shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional

distress. Every patient shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient's or resident's physician, advanced practice registered nurse, or physician assistant for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.

Treatment privacy

Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient safety or assistance.

Confidentiality of records

Patients shall be assured confidential treatment of their personal and medical records and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records shall be made available in accordance with this section and Minnesota Statute 144.335. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third party payment contracts, or where otherwise provided by law.

Responsive service

Patients shall have the right to a prompt and reasonable response to their questions and requests.

Personal privacy

Patients shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Facility staff shall respect the privacy of a resident's room by knocking on the door and seeking consent before entering, except in an emergency or where clearly inadvisable.

Grievances

Patients shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients and citizens. Patients may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and shall be posted in a conspicuous place.

Compliance by outpatient surgery centers with Minnesota Statute 114.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.

If you have a complaint about the agency or person providing you outpatient surgical services, you may call, write, or visit the Office of Health Facility Complaints, at the Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care.

Office of Health Facility Complaints

(651) 201-4200/1-800-369-7994

health.ohfc-complaints@state.mn.us

Mailing Address:

Minnesota Department of Health
Office of Health Facility Complaints
P.O. Box 64970
St. Paul, MN 55164-0970

Office of Ombudsman for Long-Term Care

PO Box 64971

St. Paul, MN 55164-0971

1-800-657-3591 or 651-431-2555 (metro)

[Office of Ombudsman for Long-Term Care \(https://mn.gov/ooltc/\)](https://mn.gov/ooltc/)

MBA.OOLTC@state.mn.us

Minnesota Department of Health
Health Regulation Division
PO Box 64900
St. Paul, MN 55164-0900
651-201-4200
health.fpc-licensing@state.mn.us
www.health.state.mn.us

1/12/2026

To obtain this information in a different format, call: 651-201-4200.