

Patient Rights and Notification of Physician Ownership

Please bring this form with you the day of your procedure.

Patient's Bill of Rights

Every patient has the right to be treated as an individual and actively participate in his/her care. The facility and medical staff have adopted the following patient rights and responsibilities, which are communicated to each patient or the patient's representative in advance of the procedure/surgery.

Patient Rights

- To receive treatment without discrimination as to age, race, color, religion, sex, national origin, disability, culture, economic status or source of payment.
- To considerate, respectful and dignified care, provided in a safe environment, free from any form of abuse, neglect, harassment or reprisal.
- To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/her care.
- To receive information in a manner that the patient understands.
- To receive information from his/her physician about their illness, course of treatment and prospects for recovery in terms they can understand.
- To receive as much information about any proposed treatment or procedure as he/she may need to give informed consent prior to the start of the treatment/procedure.
- To receive privacy and security of self and belongings during the delivery of care.
- When it is medically inadvisable to give such information to a patient, the information will be provided to a person designated by the patient, or to a legally authorized person.
- The right to be notified in the event of breach of the patient's personal health information (PHI).
- The right to request that a health plan not be informed of treatment that was paid in full by the patient.
- That consent is required prior to use or disclosure or use of the patient's PHI for marketing purposes.
- To make decisions regarding the health care that is recommended by the physician. The patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what this may have on their health and the reason shall be reported to the physician and documented in the medical record.
- Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly.
- Confidential treatment of all communications and records pertaining to his/her care and stay in the facility. Written permission shall be obtained from the patient before his/her medical records are made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of medical records.
- To leave the facility, even against the advice of his/her physician.
- Reasonable continuity of care and to know in advance the time and location of their appointment and the physician providing care.
- Be informed of the continuing health care requirements following discharge from the facility.
- To know which facility rules/policies apply to his/her conduct while a patient.
- To have all patient rights apply to the person with legal responsibility to make medical care decision on behalf of the patients. All personnel shall observe these rights.
- To be informed of any research or experimental treatment or drugs, and to refuse participation without compromise to care. The patient's written consent for participation in research shall be obtained and retained in their medical record.
- To examine and receive an explanation of his/her bill regardless of source of payment.
- To appropriate assessment and management of pain.
- To be advised of the absence of malpractice insurance (if applicable).
- Regarding the care of the pediatric patient, to be provided supportive and nurturing care which meets the emotional and physiological needs of the child and for the participation of the caregiver in decisions affecting medical treatment.

Patient Responsibilities

- To provide accurate and complete information regarding present medical complaints, past illnesses, hospitalizations, medications, allergies and other matters relating to his/her health.
- Patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care.
- To follow the treatment plan established by his/her physician.
- To keep the appointments and notifying the physician or facility when unable to do so.
- The patient and/or patient representative is responsible for disposition of valuables.
- The patient is responsible for arranging transportation home from the facility and to have someone remain with him/her for the period of time designated by their physician.
- In the case of pediatric patients, a parent or guardian must remain in the facility for the duration of the patient's stay in the facility. The parent or legal guardian is responsible for participating in decision making regarding the patient's care.
- The patient is responsible for his/her actions should they refuse treatment or not follow physician's orders.
- The patient is responsible for being considerate of the rights of other patients, visitors and facility personnel.
- Copays and coinsurance are due when services are rendered.
- If you need a translator, please let us know and one will be provided for you. If you have someone who can translate confidential medical and financial information for you please make arrangements for them to accompany you on the day of your procedure.

Rights and Respect for Property and Person

The patient has the right to:

- Exercise his/her rights without being subjected to discrimination or reprisal.
- Voice a grievance regarding treatment or care that is, or fails to be, provided.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Confidentiality of personal medical information.
- Change providers.
- Personal privacy.
- Receive care in a safe setting.
- Be free of all forms of abuse and/or harassment.

Advance Directives

You have the right to information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will be provided upon request.

The Surgical Eye Center is not an acute care facility. Therefore, regardless of the contents of any advance directives or instructions from a health care surrogate, if an adverse event occurs during treatment, patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family. If they have been provided to the surgery center, a copy of the patient's advance directives will be sent to the acute care facility with the patient.

If the patient/patient's representative wants their Advance Directives honored, the patient will be offered care at another facility that will comply with those wishes.

Physician Ownership

The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

The following physicians have a financial interest in the center:

Andrew J. Mincey, M.D.

Christopher T. Shah, M.D.

Karl Stonecipher, M.D.

Complaints/Grievances:

If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be forwarded to the center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are agencies you may contact:

Center Director
Surgical Eye Center
3312 Battleground Avenue
Greensboro, NC 27410
(336) 282-8330

N.C. Division of Health Service Regulation
Complaint Intake Unit
2711 Mail Center Drive
Raleigh, NC 27699-2711
(919) 855-4500 www.ncdhhs.gov/dhsr/ciu/complaintintake.html

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman. Website addresses and phone numbers of regulatory agencies:

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> www.medicare.gov <http://oig.hhs.gov>
(800) 633-4227

This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Complaints and grievances may also be filed through AAAHC:

5250 Old Orchard Road, Suite 200
Skokie, IL 60077
(847) 853-6060 or info@aaahc.org

By signing below, you or your legal representative, acknowledge you have received, read and understand the information (verbally and in writing) in advance of the date of the procedure and have decided to have your procedure performed at this center.

Signature of Patient or Legal Representative

Date