

Ohio Eye Associates

Patient's Bill of Rights and Responsibilities

AS A PATIENT, YOU HAVE THE RIGHT TO:

- 1.) Considerate and respectful care.
- 2.) Impartial access to treatment regardless of race, color, sex, national origin, religion, or handicap of disability. You have the right to receive care without being excluded from or denied services or treated differently than other individuals.
This includes:
 - A.) Physical or mental impairment that substantially limits one or more major life activities
 - B.) History or record of such an impairment
 - C.) Perception by others that one has such an impairment
- 3.) Obtain from your physician, complete, current information concerning your diagnosis, treatment, and prognosis in terms that you can be reasonably expected to understand. (When it is medically inadvisable to provide said information to the patient, the information may be given to an individual designated by the patient or a legally authorized person).
- 4.) Be fully informed about treatment or procedure and the expected outcome before it is performed.
- 5.) Receive from your physician information necessary to give informed consent prior to the start of any procedure, treatment, or surgery. When medically significant alternatives for care or treatment exist, or when you request information concerning medical alternatives, you have the right to such information and to know the name of the person responsible for the procedures, treatment, or surgery.
- 6.) Refuse medical or surgical treatment to the extent permitted by law, and to be informed of the medical consequences of this action. You are given the opportunity to participate in decisions involving your care except when contraindicated for medical reasons. In the event that you are not legally responsible to make this decision, the right reverts to your legal representative.
- 7.) Every consideration of privacy concerning your own medical care program.
- 8.) Expect that all communications and records pertaining to your care should be treated as confidential. (Disclosure of records are treated confidentially except when required by law, patient may approve or refuse their release).
- 9.) Expect that, within its capacity, an ambulatory surgical center must make a reasonable response to the request, by you, for services. You will receive information regarding available services at the Surgery Center.
- 10.) Obtain information as to any relationship(s) of this ambulatory surgical center care to other health care and educational institutions insofar as your care is concerned.
- 11.) Receive care in a safe setting and be free from all forms of abuse and harassment.
- 12.) Access information contained in your clinical records within a reasonable time frame.

- 13.) Be advised if the ambulatory surgical center proposes to engage in or perform human experimentation affecting your care or treatment and have the right to refuse to participate.
- 14.) Expect reasonable continuity of care.
- 15.) Examine and receive an explanation of your bill regardless of source of payment. (Information will be provided to the patient regarding fees for service and payment policies)
- 16.) Know what ambulatory surgical center rules and regulations apply to your conduct as a patient.
- 17.) Quality care within the realm of the Ohio Eye Associates (OEA) practice. If a problem occurs which is not resolved amiably between the patient and OEA, the patient may contact the "Complaint Hotline" at the Ohio Department of Health, 246 North High St., 3rd Floor, Columbus, OH 43215. Phone 1-800-342-0553 and ask for a Complaint Intake worker Fax 1-614-728-9169; Web site: www.odh.ohio.gov E-mail; [hccomplaints @odh.ohio.gov](mailto:hccomplaints@odh.ohio.gov) May also contact the Office of the Medicare Beneficiary Ombudsman: <http://www.cms.hhs.gov/ombudsman/resources.asp> Ombudsman for nursing home patients: 1-800-860-5799 Web site: www.ohiokepro.com...the State of Ohio Quality Improvement Program.
- 18.) Exercise your rights (without being subjected to discrimination or reprisal) and to voice grievances.
- 19.) Access protective and advocacy services.
- 20.) Expect the kind of medical treatment you desire through an Advanced Directive, (such as a Living Will or Durable Power of Attorney, or other Advanced Directive), if you would become incapacitated while at the surgery center.
- 21.) Know the identity and professional status of the individuals providing service, to inspect their credentials, and to be provided with information regarding the absence of malpractice coverage.
- 22.) Be provided information regarding physicians for after-hours and emergency care.
- 23.) Expect that marketing and advertising, regarding the competence and capabilities of the organization, are not misleading.
- 24.) Be informed about the outcomes of care, treatment, surgery and services that have been provided, including unanticipated outcomes.
- 25.) Be requested to provide consent for recording or filming made for purposes other than the identification, diagnosis, or treatment of you.
- 26.) Know that staff members will receive information regarding the rights of patients while receiving services at Ohio Eye.
- 27.) Be given information about services provided at OEA.
- 28.) Know that the OEA physicians have ownership and financial interest in Ohio Eye. Dr. Leonard Quick; Dr. Richard Selser; Dr. Richard Marquardt 466 S. Trimble Rd., Mansfield, Ohio 44906; Phone number; 419-756-8000)

AS A PATIENT, YOU ARE RESPONSIBLE FOR:

- 1.) Providing, to the best of your knowledge, accurate and complete information about your present health status, past medical history, medications (including over the counter products and dietary supplements), allergies and sensitivities, and insurance benefits and reporting any unexpected changes to the appropriate practitioner(s).
- 2.) Indicating whether you clearly understand a contemplated course of action and what is expected of you.
- 3.) Asking the care provider when you do not understand instructions about your plan of care.
- 4.) Following your plan of care. If unable/unwilling to follow the plan of care, you are responsible for telling the care giver. The care giver will explain the medical consequences of not following the recommended treatment. You are responsible for the outcome of not following the plan of care.
- 5.) Your actions if you refuse treatment, leave the facility against the advice of the practitioner, and /or do not follow the practitioner's instructions relating to your case.
- 6.) Following the facility's rules and regulations.
- 7.) Acting in a manner that is respectful of:
 - A.) Other patients and their property
 - B.) OEA Physicians, staff and property
- 8.) Meeting your financial obligations to OEA expediently as possible... including accepting personal financial responsibility for any charges not covered by your insurance.
- 9.) Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery, or as otherwise directed by your physician.
- 10.) Providing information about and/or copies of any Advance Directives such as a Living Will or Power of Attorney that you want OEA to know about.

(If you have any question regarding your rights or responsibilities, please, discuss your concerns with the CEO or DON).