

## **Patient's Bill of Rights and Responsibilities**

### **AS A PATIENT, PATIENT SURROGATE OR REPRESENTATIVE, YOU HAVE THE RIGHT TO:**

- 1.) Considerate, respectful and dignified care.
- 2.) You also have the right to 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 at 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. Be given the opportunity to participate in decisions involving your health care, except when such participation is contradicted for medical reasons.
- 7.) 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.
- 8.) To be provided with appropriate privacy and be given every consideration of privacy concerning your own medical care program.
- 9.) 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).
- 10.) 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.
- 11.) 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.

- 12.) Receive care in a safe setting and be free from all forms of abuse and harassment.
- 13.) To be informed or you right to change your provider if other qualified providers are available.
- 14.) Access information contained in your clinical records within a reasonable time frame.
- 15.) Be advised if the ambulatory surgical center proposes to engage in or perform human experimentation/research affecting your care or treatment and have the right to refuse to participate.
- 16.) Expect reasonable continuity of care.
- 17.) 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.
- 18.) Know what ambulatory surgical center rules and regulations apply to your conduct as a patient.
- 19.) Quality care within the realm of the Ohio Eye Associates (OEA) practice. You have the right to be informed about procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations. If a problem occurs which is not resolved amiably between the patient and OEA, the patient may call the "Hotline" at:  
The Ohio Department of Health, 246 North High St.,  
3<sup>rd</sup> Floor, Columbus, OH 43215.  
Phone 1-800-342-0553, Fax 1-614-564-2422.  
Web site: [www.odh.ohio.gov](http://www.odh.ohio.gov)  
e-mail: [hccomplaints@odh.ohio.gov](mailto:hccomplaints@odh.ohio.gov)  
Web site for the Office of the Medicare Beneficiary Ombudsman:  
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>  
Medicare Beneficiary Ombudsman 1-800-633-4227  
Web site: [www.ohiokepro.com](http://www.ohiokepro.com)...the State of Ohio  
Improvement Program.
- 20.) Exercise your rights (without being subjected to discrimination or reprisal) and to voice grievances.
- 21.) Access protective and advocacy services.
- 22.) 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. The patient has the right to be given information regarding advance directives, as required by state or federal law and regulations.
- 23.) 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.
- 24.) Be provided information regarding physicians for after-hours and emergency care.
- 25.) Expect that marketing and advertising, regarding the competence and capabilities of the organization, are not misleading.
- 26.) Be informed about the outcomes of care, treatment, surgery and services that have been provided, including unanticipated outcomes.
- 27.) Be requested to provide consent for recording or filming made for purposes other than the identification, diagnosis, or treatment of you.

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- 28.) Know that staff members will receive information regarding the rights of patients while receiving services at Ohio Eye.
- 29.) Be given information about services provided at OEA.
- 30.) Know that the OEA physicians have ownership and financial interest in Ohio Eye...clinic and ambulatory surgery center.

(If you have any questions or concerns regarding your rights, please discuss them with us).

## Ohio Eye Associates Patient Bill of Responsibilities

### AS A PATIENT, PATIENT SURROGATE OR REPRESENTATIVE 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 prescribed by your provider and participate in the 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.) It is the patient's responsibility (or the responsibility of the patient's power of attorney or other legal representative) to fully participate in decisions involving his/her own healthcare and to accept the consequences of these decisions if complications occur.  
If the patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf. If the patient is not of age or is not an emancipated minor, mentally incompetent or under the influence of drugs or sedative so that that the patient might not be aware of what he/she is doing, then one of the following persons should sign in the order given: the court-appointed guardian, if any; spouse; if no spouse, parents; if no parents, brother or sister.
- 6.) 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.
- 7.) Following the facility's rules and regulations.
- 8.) Acting in a manner that is respectful of:
  - A.) Other patients and their property
  - B.) OEA Physicians, staff and property
- 9.) Accept personal financial responsibility/obligations to OEA expediently as possible... including accepting personal financial responsibility for any charges not covered by your insurance.
- 10.) 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.
- 11.) Providing information about and/or copies of any Advance Directives such as a Living Will or Power of Attorney or other directive that you want OEA to know about.  
(If you have any question regarding your or responsibilities, please, discuss your concerns with the ASC Manager/DON).