

PATIENT'S RIGHTS

Reasonable, informed participation in decisions involving your health care is your right. The rights of our patients are an important component of our care for you. We respect your rights and request that you recognize your responsibilities too.

1. You have the right to considerate, dignified and respectful care; free from all forms of abuse, harassment or discrimination.
2. You have the right to every consideration of your privacy concerning your own medical care program. Case discussion, consultation, exam, and treatment are confidential and should be conducted discreetly. Those not involved in your care must have your permission to be present.
3. You have the right to expect that all communications and records pertaining to your care be treated as confidential unless required by law. You also have the right to approve or refuse their release.
4. You have the right to obtain from your physician completed current information concerning your diagnosis, evaluation, treatment and prognosis in terms that you can understand. When it is not medically advisable to give such information to you, the information should be made available to an appropriate person in your behalf. You have the right to know, by name, the physician responsible for coordinating your care.
5. You have the right to receive from your physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when you request information concerning medical alternatives, you have the right to such information. You also have the right to know the name of the person responsible for the procedures and/or treatment.
6. You have the right to expect that within its capacity the surgery center must make a reasonable response to the request of the patient for services. The center must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, you may be transferred to another facility only after you have received complete information and explanation concerning the needs for and alternatives to such a transfer.
7. You have the right to know your physician may have a financial ownership in this facility.
8. You have the right to obtain information as to any relationship of the surgery center to other health care and educational institutions insofar as your care is concerned. You have the right to obtain any information as to the existence of any professional relationships or financial interests among individuals, by name, whom are treating you.
9. You have the right to be advised if the surgery center proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
10. You have the right to expect reasonable continuity of care. You have the right to know in advance what appointment times and physicians are available and where. You have the right to expect that the surgery center will provide a mechanism whereby you are informed by your physician, or delegate of your physician, of your continuing health care requirements following discharge.

11. You have the right to examine and receive explanation of your bill and payment policies regardless of the source of payment.
12. You have the right to know what surgery center rules and regulations apply to your conduct as a patient.
13. You or your responsible other has the right to be informed of the complaint process at the surgery center. You should report any concerns about your care or safety issues you encountered during your stay. You may contact the nurse manager for information regarding initiation, review, and resolution of your complaints. You may report issues to the Illinois Department of Public Health at 1-800-252-4343 or if Medicare related, www.cms.hhs.gov/center/ombudsman.asp or 800-633-4227.
14. You have the right to an advance directive, such as a living will or healthcare proxy. A patient who has an advance directive should provide a copy to the facility and his/her physician. It is the policy of this facility **NOT** to honor an advance directive. Information is available regarding Advance Directives at www.idph.state.il.us/public/books/advin.htm.
15. Your right on reporting of pain will be believed and information will be given about pain and pain relief measures. We are a concerned staff committed to pain prevention and management; health professionals who respond quickly to reports of pain management.
16. You have the right to information regarding the credentials of health care professionals.
17. You have the right to change their provider if other qualified providers are available.
18. You have the right to information concerning after-hours and emergency care.
19. You have the right to know that if a patient is adjudged incompetent under applicable State 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.
20. You have the right to know that if a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

PATIENT RESPONSIBILITIES

1. Be considerate of other patients and personnel and for assisting in the control of noise, eating and other distractions.
2. Respecting the property of others and the facility.
3. Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
4. Keeping appointments and, when unable to do so, notifying the Center and the physician's office.
5. Providing care givers with the most accurate and complete information regarding present complaints, past illness and hospitalizations, medications, unexpected changes in the patient's condition, or any other patient health matters.
6. Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeit of care at the facility.
7. Prompt fulfillment of his or her financial obligations to the facility.
8. Identify any patient concerns.

I have read and understand my rights as a patient at this surgery center.

Patient/Patient Representative Signature

Date