

## **EYE CARE SPECIALISTS / THE LASER AND SURGERY CENTER**

### **PATIENTS' RIGHTS:**

#### **As a patient, patient representative, or surrogate you have the right to:**

- To exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for your care without discrimination or fear of reprisal.
- To receive full consideration of confidentiality, privacy, security, complaint resolution, spiritual care, and communication concerning your medical care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely. You have the right to be advised as to the reason for the presence of any individual. If communication restrictions are necessary for patient care and safety, this will be documented in a confidential note field in your medical record and a verbal explanation of the restrictions will be explained to you, your family or representative.
- To be treated with respect, consideration and dignity including, your person, values and beliefs.
- Patients are given the opportunity to participate all aspects of care including: decisions involving their health care, except when such participation is contraindicated for medical reasons. Knowledge of the name of the physician who has primary responsibility for your care, the names and professional relationships of other physicians and non-physicians who will see you.
- Patients are provided, to the degree known, information concerning their diagnosis, evaluation, treatment and prognosis in terms and language they can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- To receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse this course of treatment.
- To participate actively in decisions regarding your medical care. To the extent permitted by law, this includes the right to refuse treatment.
- To be informed of unanticipated outcomes. This information will be provided to the patient, family or surrogate decision maker.
- To receive care in a safe environment, protected and free from all forms of abuse and neglect.
- To receive confidential treatment of all records pertaining to your care and your stay in the facility. Your written permission shall be obtained before your medical records can be made available to anyone not directly concerned with your care.
- To a reasonable response to any reasonable request you may make for service.
- To leave the facility even against the advice of your physician.
- To reasonable continuity of care and to know in advance the time and location of appointment as well as the physician providing the care.
- To be advised if facility/personal physician 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 without compromising access to care.
- To be informed by your physician or a delegate of your physician of the continuing health care requirements following your discharge from the facility.
- To examine and receive an explanation of your bill regardless of payment source.
- To know which facility rules and policies apply to your conduct while a patient.
- To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of you.
- To access protective services.
- To file a complaint against a health care provider or the Surgery Center
  - ASC Nurse Manager: Sprie Tucker / 509-758-8811
  - An investigation of the grievance will be done within 24 business hours of receiving the complaint
  - The person filing the grievance will receive a response/decision within 72 hours

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### **Patient Rights Continued:**

- File a complaint with the State of Washington and/or Medicare
  - [Email: HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)
  - Dept of Health; PO Box 47857; Olympia, WA 98504-7857
  - Phone 1-360-236-4700 / Toll Free 1800-633-6828 / Fax 360-236-2626
  - Office of the Medicare Beneficiary Ombudsman:
  - <https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>
  - *Beneficiary Complaint Response Program; Medicare Help and Support.* Call 1-800-MEDICARE

### **PATIENT RESPONSIBILITIES:**

The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities shall be presented to the patient in the spirit of mutual trust and respect.

You have the responsibility to:

- Provide accurate and complete information to the best of her/his ability concerning all matters pertaining to his/her health, any medications, including over the counter products and dietary supplements and any allergies or sensitivities.
- Make it known whether you clearly comprehend the course of your medical treatment and what is expected of you.
- Keep appointments and notify the facility or physician when you are unable to do so.
- Follow the treatment plan established by your physician, including the instruction of nurses and other health professionals as they carry out the physicians' orders and participate in his/her care.
- Accept that the financial obligations of your care are fulfilled as promptly as possible that are not covered by insurance.
- Follow facility policies and procedures.
- Be considerate and respectful of the rights of health care professionals, staff, other patients and facility personnel.
- Be respectful of your personal property and that of other persons in the facility.
- Be responsible for your actions should you refuse treatment or not follow physicians orders.