

ORTHOTEC SURGERY CENTER ~ PATIENT'S BILL OF 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.

Patient's Rights and Responsibilities

1. You have the right to considerate and respectful care.
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 obtain from your physician completed current information concerning your diagnosis, 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.
4. 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.
5. You have the right to expect that all communications and records pertaining to your care be treated as confidential unless required by law.
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 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 who are treating you.
8. 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.
9. 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.
10. You have the right to examine and receive explanation of your bill regardless of the source of payment.
11. You have the right to know what surgery center rules and regulations apply to your conduct as a patient.
12. 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, to Joint Commission at 800-994-6610 www.jointcommission.org, or if Medicare related, www.cms.hhs.gov/center/ombudsman.asp or 800-633-4227.
13. 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.
14. 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.

PATIENT IS RESPONSIBLE FOR:

1. Being considerate of other patients and personnel and for assisting in the control of noise, smoking, and other distractions.
2. Respecting the property of others and the facility.
3. You have the responsibility of honoring your financial commitments to the surgery center.
4. You are responsible for observing rules and regulations of the surgery center as they apply to your care.
5. Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
6. Keeping appointments and, when unable to do so for any reason, for notifying the facility and physician.
7. Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.
8. Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and being responsible for the outcome.
9. Promptly fulfilling his or her financial obligations to the facility.
10. Asking your doctor what to expect regarding pain and pain management.
11. Discussing pain relief options with your doctor.
12. Working with your doctor to develop a pain management plan.
13. Helping your doctor assess pain and tell him if your pain is not relieved.
14. Telling your doctor about any worries you have about taking pain medications.

I have read my rights and responsibilities as a patient at this surgery center and agree to all the above.

Patient _____ Date _____ Date of Initial Receipt of Rights:

Signature