



Patient's Rights and Notification of Physician Ownership



EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN HIS/HER CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE OR SURROGATE IN ADVANCE OF THE PROCEDURE/SURGERY.

PATIENT'S RIGHTS:

- To receive treatment without discrimination as to age, race, color, religion, sex, national origin, disability, culture, economic status or source of payment.
- Considerate, respectful, and dignified care, provided in a safe environment, free from any form of abuse, neglect, harassment or reprisal.
- To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/her care.
- To receive information in a manner that the patient understands. Communication is provided in a manner that facilitates understanding by the patient.
- To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
- To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.
- To be provided privacy and security of self and belongings during the delivery of patient care service.
- 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 make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.
- To leave the facility even against the advice of his/her physician.
- Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
- Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility

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- To know which facility rules and policies apply to his/her 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 the patient. All personnel shall observe these patient's rights.
- To be informed of their right to change providers if other qualified providers are available.
- To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care. The patient's written consent for participation in research shall be obtained and retained in his/ her patient record.
- To examine and receive an explanation of his/her bill regardless of source of payment.
- To appropriate assessment and management of pain.
- Be advised as to the absence of malpractice coverage.
- Regarding care of the pediatric patient, to be provided supportive and nurturing care which meets the emotional and physiological needs of the child and for the participation of the caregiver in decisions affecting medical treatment.

PATIENT RESPONSIBILITIES:

- To provide accurate and complete information regarding present medical complaints, past illnesses, hospitalizations, medications, allergies and sensitivities and other matters relating to his/her health.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care.
- The patient is responsible for following the treatment plan established by his/her physician.
- The patient is responsible for keeping appointments and notifying the physician or facility when unable to do so.
- The patient and/or patient representative is responsible for disposition of patient valuables.
- The patient is responsible for arranging transportation home from the facility and to have someone remain with him/her for a period of time designated by his/her physician.
- In the case of pediatric patients, a parent or guardian is responsible to remain in the facility for the duration of the patient's stay in the facility. The parent or legal guardian is responsible for participating in decision making regarding the patient's care.
- The patient is responsible for his/her actions should he/she refuse treatment or not follow the physician's orders.
- The patient is responsible for being considerate of the rights of other patients, visitors, and facility personnel.
- To be respectful of all the healthcare professionals and staff, as well as other patients.

Rights and Respect for Property and Person

The patient has the right to:

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice a grievance regarding treatment or care that is, or fails to be, furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Confidentiality of personal medical information.

Privacy and Safety

The patient has the right to:

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

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If you need an interpreter:

If you will need an interpreter, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical, and financial information for you please make arrangements to have them accompany you on the day of your procedure.

Statement of Nondiscrimination

Columbus Eye Surgery Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Columbus Eye Surgery Center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Columbus Eye Surgery Center respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Columbus Eye Surgery Center 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Advance Directives

You have the right to information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will be provided upon request.

The Columbus Eye Surgery Center respects the right of patients to make informed decisions regarding their care. If a patient becomes unable to make a decision regarding his/her own care, Center staff will consult the Advance Directives, medical power of attorney, or patient representative or surrogate, if available. Due to the outpatient nature of an ambulatory surgery center, this Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the **absence of an applicable properly executed Advance Directive**, if there is deterioration in the patient's condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures and transfer the patient to an acute care hospital. At the acute care hospital, further treatment decisions will be made. If copies of the patient's Advance Directives have been provided to the surgery center, copies will be sent with the patient to the hospital.

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient's care.

Complaints/Grievances

If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

Janie Norman, RN, Center Director

Columbus Eye Surgery Center

5965 E. Broad Street, Suite 460

Columbus, Ohio, 43213

614-751-4080

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You may contact the state to report a complaint:

Ohio Department of Health :
Provider and Consumer Services Unit
246 North High Street
Columbus, Ohio, 43215
1-800-342-0553

State Web site: HCCompliants@odh.ohio.gov

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman.

Medicare Ombudsman Web site: <http://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

Office of the Inspector General: <http://oig.hhs.gov>

This facility is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Complaints or grievances may also be filed through AAAHC:

3 Parkway North Blvd, Suite 201
Deerfield, IL 60015

(847) 853-6060 or email: info@aaahc.org

Physician Ownership

Physician Financial Interest and Ownership: **Physician Financial Interest and Ownership:** The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

THE FOLLOWING PHYSICIANS HAVE A FINANCIAL INTEREST IN THE CENTER:

Dr. Robert Derick Dr. Robin Beran Dr. Kenneth Beckman Dr. Siri Hiremath Dr. Swarupa Kancherla Dr. James McHale
Dr. Christopher Pappa Dr. Sugat Patel Dr. Brandon Cho Dr. Aaron Weber Dr. Jing Sun

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