

## *Patient Bill of Rights*

All patients have the right:

1. To obtain from your primary physician, in a language that you can understand, your diagnosis, the treatment prescribed for you, and the progress of your illness. When your physician determines that it is not medically advisable to give such information to you, the information should be available to an appropriate person on your behalf.
2. To receive, upon request, the name(s) of physicians and personnel participating in your care.
3. To know the general nature and inherent risk of any procedure or treatment that is prescribed for you.
4. To change your mind about any procedure for which you have given your consent, provided that you let your physician know of your decision before you have been medicated.
5. To expect that your personal privacy and confidentiality will be respected to the fullest extent consistent with the care prescribed for you within the limits of the law.
6. To refuse to participate in medical training programs or research projects. This shall only be with informed consent.
7. To examine your bill and receive an explanation of it.
8. To let us know if you are dissatisfied with any aspect of your care or if you feel that any of your rights have been violated. Complaints or criticisms will not compromise future access to care at this facility. You may contact our facility below at 419-427-3040 or utilize the information below:

\*Health Care Facility Complaint Hotline 1-800-669-3534

\*Ohio Department of Health Information 614-466-5543 [www.odh.ohio.gov](http://www.odh.ohio.gov)

\*Ohio Department of Health - 246 North High St. - Columbus, Ohio 43215

\*Website for the Office of Medicare Beneficiary Ombudsman:

[www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman](http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman)

\*AAAHHC - Accreditation Association for Ambulatory Health Care

5250 Old Orchard Road-Suite 200 - Skokie, IL 60077 Phone 847-324-7490

9. To treatment without discrimination as to age, race, color, religion, sex, national origin, political belief, or handicap. It is our intention to treat each patient as a unique individual in a manner that recognizes basic human rights.
10. To appropriately assess and manage pain.
11. To be free from seclusion and restraint of any form that is not medically necessary.
12. Upon request, the facility will assist you in formulating advance directives and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law.

Access to health care at this facility will not be conditional upon the existence of the advance directive.

13. To know the facilities rules and regulations that applies to your conduct as a patient.
14. To request a copy of your medical record at any time during or after the course of treatment. This can be obtained after a signed consent and a 48 hr. processing time. If the patient is incompetent, the record will be given to his/her guardian.
15. To expect to be cared for in a safe setting regarding patient environmental safety, infection control, security, and the freedom from abuse or harassment.
16. To choose where to have your procedure performed.
17. To know the physician performing the procedure may be an owner of the Surgery Center.