



PATIENT RIGHTS AND RESPONSIBILITIES **NWO ORTHOPEDIC SURGERY CENTER**

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PATIENT RIGHTS:

1. All patients will be treated with consideration, compassion, and respect as individuals. Their privacy will be protected and employees will seek to honor their personal and religious beliefs that do not harm or interfere with the planned course of medical/surgical therapy.
2. Each patient, upon request, will receive information regarding his/her insurance benefits, the cost of their care and the facility's financial responsibility and payment policies.
3. Patients will be involved in all decisions about their care. Reasonable attempts will be made to communicate in the language or manner primarily used by the patient whenever possible.
4. Patients will be involved in all decisions regarding their care. Discussions with patients will include the necessity, appropriateness, and risks of proposed care, surgery, or procedure as well as discussions of treatment alternatives. If it is medically inadvisable to give such information to the patient, the information will be provided to a person designated by the patient or to a legally authorized person.
5. Patients will be fully informed of the scope of services available at the facility, and will be given clear verbal and written instructions on the postoperative care of their wound and instructions on how to contact the physician on call in the event that they experience a medical problem after hours.
6. Patients will be informed of any human experimentation or other research/educational projects affecting his/her care or treatment and can refuse participation in such programs without compromise to the patient's medical care.
7. Each patient has the right to know the identity and professional credentials of individuals providing services to them and to know which physician or physician extender is primarily responsible for their care.
8. Patients have the right to refuse treatment to the extent permitted by law and will be informed of the medical consequences of such refusal.
9. Patients may approve or refuse the release of medical records to any individual outside the facility or as required by law or third party payment contract. All individually identifiable health information will be treated as confidential in accordance with HIPAA guidelines.
10. Patients have the right to change providers if other qualified providers are available.
11. Patients have the right to exercise his/her rights without being subjected to discrimination or reprisal.
12. Patients may voice grievances regarding treatment or care that is (or fails to be) furnished.
13. Patients will receive care in a safe setting, and free from all forms of abuse or harassment. Their personal privacy will be respected at all times by all personnel.

If a patient is judged incompetent under applicable State health and safety 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. If a State court has not judged a patient incompetent, any legal representative designated by the patient in accordance with State laws may exercise the patient's rights to the extent allowed by State law.

PATIENT RESPONSIBILITIES:

1. Be respectful of all healthcare professionals and staff as well as other patients.
2. Respecting that this is a smoke free campus.
3. Respecting the property of others and the facility.
4. Following the treatment plan prescribed by his/her provider.
5. Actively participating in his/her care.
6. Keeping appointments and, when unable to do so for any reason, notifying the practice/facility.
7. Providing care givers with the most accurate and complete information regarding health history, medications including over the counter products, dietary supplements, and any allergies or sensitivities.
8. Observing prescribed rules of the facility during his/her stay and treatment and, if instructions are not followed, forfeiting the right of care at the facility and accepting responsibility for the outcome.
9. Promptly fulfilling his/her financial obligations to the practice/facility.
10. Identifying any patient safety concerns.
11. Provide a responsible adult to transport him/her home from the facility and remain with him/her as directed by his/her provider.

ADVANCE DIRECTIVE NOTIFICATION:

In the State of Ohio, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decision on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate their wishes. NWO Orthopedic Surgery Center respects and upholds those rights.

However, unlike in an acute care hospital setting, we do not routinely perform "high risk" procedures. Most procedures performed in this practice/facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during the course of your treatment at this practice/facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with the practice/facility's policy will not revoke or invalidate any current healthcare directive or healthcare power of attorney.

At your request, our practice/facility can provide you with the necessary forms to complete your advance directive in accordance with Ohio State Law. If you do not agree with this practice/facility's policy, we will be pleased to assist you in rescheduling your procedure.

I have provided a copy of my advance directive to be kept on file at this facility. I have read and understand the above policy regarding advance directives.

Patient/Patient's Representative

Date

HOW TO FILE A COMPLAINT OR GRIEVANCE

To report a complaint or grievance, you can contact the Compliance Officer at 419-427-3040, or by mail at:

NWO Orthopedic Surgery Center, 15028 SR 224 East, Findlay, OH 45840, Attn: Joan Conine, Compliance Officer, jconine@nwoortho.com

Complaints and grievances may also be filed through the *State of Ohio Office of Investigations* by calling: 800-686-1525, or visit the webpage www.odh.ohio.gov, or by mail at: Ohio Department of Health, 246 North High Street, Columbus, OH 43215

All *Medicare beneficiaries* may also file a complaint or grievance with the *Medicare Beneficiary Ombudsman*. Visit the Ombudsman's webpage on the web at: www.cms.hhs.gov/center/ombudsman.asp

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE RECEIVED INFORMATION ABOUT DISCLOSURE OF OWNERSHIP, PATIENT RIGHTS AND RESPONSIBILITIES, ADVANCE DIRECTIVES AND PATIENT COMPLAINT OR GRIEVANCE PROCEDURES:

Patient/Patient's Representative

Date

Witness

Date