

## NOTICE OF PATIENTS RIGHTS

### High quality care

Our first priority is to provide you the care you need, when you need it, with skill, compassion and respect. Tell your caregivers if you have concerns about your care or if you have pain. You have the right to know the identity of doctors, technicians and others involved in your care, and you have the right to know when they are students, residents or other trainees.

### A safe environment

You have the right to receive care in a safe setting that is free from all forms of mistreatment, abuse, harassment, exploitation, or neglect.

### Involvement in your care

You / your legal representative, and your doctor will make decisions about your care. When decision-making takes place, it should include:

Discussing your medical condition and information about medically appropriate treatment choices.

To make informed decisions with your doctor, you need to understand:

- The benefits and risks of each treatment.
- Whether your treatment is experimental or part of a research study.
- What you can reasonably expect from your treatment and any long-term effects it might have on your quality of life.
- What you and your representatives will need to do after you leave the clinic.
- The financial consequences of using uncovered services or out-of-network providers.

*Please tell your caregivers if you need more information about treatment choices.*

**Discussing your treatment plan.** When you and your doctor decide that a procedure is in your best interest and is a course of treatment you wish to pursue, you may be asked to confirm in writing that you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.

**Patient Responsibilities.** Your caregivers need complete and accurate information about your past and present health so that they can make good decisions about your care. The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications, allergies and sensitivities and other matters relating to his/her health.

**Understanding your health care goals and values.** You may have health care goals and values or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your visit. Make sure your doctor, your family and your care team, know your wishes.

## Understanding who should make decisions when you cannot.

If you have been adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, your rights may be exercised by the person appointed under State law to act on your behalf to make informed decisions regarding your care. If a State court has not adjudged you incompetent, a Legal Representative designated in accordance with State law may exercise your rights to make informed decisions regarding your care, to the extent allowed by State law.

If you have signed a health care power of attorney stating who should speak for you if you become unable to make health care decisions for yourself, or a “living will” or “advance directive” that states your wishes about end-of-life care; give copies to your doctor, your family and your care team.

Applicable State health and safety laws may be viewed at the following web address, to view online: [http://www.oregon.gov/DCBS/SHIBA/advanced\\_directives.shtml](http://www.oregon.gov/DCBS/SHIBA/advanced_directives.shtml)

A printed copy of the above State policy, or an Advance Directive form, will be furnished upon request.

**It is our policy, regardless of the contents of any Advance Directive, instructions from a health care surrogate, or attorney-in-fact, that if an adverse event takes place, we will initiate resuscitative or other medically stabilizing measures and order your transport to the nearest hospital for further evaluation.**

## Protection of your privacy

We respect the confidentiality of your relationship with your doctor and other caregivers, and the sensitive information about your health and health care that is part of that relationship. State and federal laws and clinic operating policies protect the privacy of your medical information. You also have a right to personal privacy.

We will make available a Notice of Privacy Practices that describes the ways that we use, disclose and safeguard patient information and that explains how you can obtain a copy of information from our records about your care.

## Help with your bill and filing insurance claims

Our staff will file claims for you with health care insurers or other programs such as Medicare and Medicaid. They also will help your doctor with needed documentation. Medical bills and insurance coverage are often confusing. If you have questions about your bill, contact our billing office. If you need help understanding your insurance coverage or health plan, start with your insurance company or health benefits manager. If you do not have health coverage, we will try to help you and your family find financial help or make other arrangements. We need your help with collecting needed information and other requirements to obtain coverage or assistance.

## Preparing you and your family for when you leave our facility

Your doctor works with professionals in the medical community. You and your family also play an important role in your care. The success of your treatment often depends on your efforts to follow medication, diet and therapy plans.

You can expect us to help you identify sources of follow-up care and to let you know if our doctors have financial interest in any referrals. As long as you agree that we can share information about your care with them, we will coordinate our activities with your caregivers outside the clinic. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.

### **GRIEVANCE FILING INSTRUCTIONS**

You have the right to a fair, fast, and objective review of any grievance you have regarding treatment or care that is, or failed to be furnished. You have the right to exercise your rights without fear of being subjected to discrimination or reprisal.

A copy of our Grievance Policy will be made available to any patient, family member, or legal representative upon request. All complaints are confidential.

If you have a Grievance with the Eye Surgery Institute please contact us:

On-Site: Ask for the ASC Director or Administrator, at the Front Desk

In Writing:

Eye Surgery Institute Attention: Administrator  
813 SW Highland Ave  
Redmond, OR 97756

By Phone: (541) 548-7170 and ask for the ASC Director or Administrator

If we do not resolve your Grievance to your satisfaction please contact:  
**Health Care Regulation and Quality Improvement Program**  
800 NE Oregon St, Suite 305  
Portland, OR 97232  
971-673-0540

The Web Site for the Office Of The Medicare Beneficiary Ombudsman:  
<https://www.cms.gov/center/ombudsman.asp>

Patient / Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Surgical Counselor / Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_