

PATIENT RIGHTS AND RESPONSIBILITIES

POLICY:

Advanced Eye Surgery Center has established this Patient's Bill of Rights as a policy with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his/her physician, and the facility organization. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationship takes on a new dimension when care is rendered within an organized structure. Legal precedent has established that the facility itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

No catalog of rights can guarantee the patient the kind of treatment he has a right to expect. This facility has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients. All these activities must be conducted with an overriding concern for the patient, and above all, the recognition of his/her dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.

AS A PATIENT, YOU HAVE THE RIGHT TO:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- Personal and informational privacy and security for self and property.
- Have a surrogate (parent, legal guardian, person with medical power of attorney) exercise the Patient Rights when you are unable to do so, without coercion, discrimination or retaliation.
- Confidentiality of records and disclosures and the right to access information contained in your clinical record. Except when required by law, you have the right to approve or refuse the release of records.
- Information concerning your diagnosis, treatment and prognosis, to the degree known.
- Participate in decisions involving your healthcare and be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to services.
- Make decisions about medical care, including the right to change providers and accept or refuse medical or surgical treatment after being adequately informed of the benefits, risks and alternatives, without coercion, discrimination or retaliation.
- Self-determination including the rights to accept or to refuse treatment and the right to formulate an advance directive.
- Competent, caring healthcare providers who act as your advocates and treats your pain as effectively as possible.

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- Know the identity and professional status of individuals providing service and be provided with adequate education regarding self-care at home, written in language you can understand.
- Be free from unnecessary use of physical or chemical restraint and or seclusion as a means of coercion, convenience or retaliation.
- Know the reason(s) for your transfer either inside or outside the facility.
- Impartial access to treatment regardless of race, color, age, sex, sexual orientation, national origin, religion, handicap or disability.
- Receive an itemized bill for all services within a reasonable period of time and be informed of the source of reimbursement and any limitations or constraints placed upon your care.
- File a grievance with the facility by contacting the Clinical Director, via telephone or in writing, when you feel your rights have been violated.

Advanced Eye Surgery Center – Amy Fox
627 W. East Avenue, Chico, CA 95926
530-342-1800 Phone / 530-342-1802 Fax

- Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.
- Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.
- File a complaint of suspected violations of health department regulations and/or patient rights. Complaints may be filed at:

Chico District Office
126 Mission Ranch Blvd., Chico, CA 95926
530-895-6711 Phone

Office of the Medicare Beneficiary Ombudsman
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Accreditation Association for Ambulatory Health Care (AAAHC)
847-853-6060 Phone
info@aaahc.org

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AS A PATIENT, YOU ARE RESPONSIBLE FOR:

- Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate physician(s).
- Following the treatment plan recommended by the primary physician involved in your case.
- Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
- Indicating whether you clearly understand a contemplated course of action, and what is expected of you, and ask questions when you need further information.
- Your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions relating to your care.
- Ensuring that the financial obligations of your healthcare are fulfilled as expediently as possible.
- Providing information about, and/or copies of any living will, power of attorney or other directive that you desire us to know about.

COMO PACIENTE, USTED TIENE DERECHO A:

- En todo momento y bajo cualquier circunstancia se le debe tratar con respeto y consideración a su dignidad personal.
- Privacidad personal e informacional al igual que seguridad propia y de propiedad.
- Tener un sustituto (padre, madre, guardián, persona con poder medico de un abogado) que ejerza los derechos del paciente dado que sea incapaz de hacerlo, sin coerción, discriminación, o venganza.
- Confidencialidad de información, registros e revelaciones y el derecho a conseguir acceso a información contenida en su registro clínico. Aparte de cuando la información sea requerida por la ley, usted tiene el derecho de aprobar o negar el hacer público sus registros.
- Información respecto al diagnóstico, tratamiento y pronóstico, del tema tratado.
- Participar y estar informado en decisiones que estén relacionadas con su salud y la aprobación o la negación de participar en algo inusual, experimental o algún proyecto de investigación sin comprometer su acceso a servicios.
- Tomar decisiones sobre su cuidado medico, incluyendo el derecho a aceptar o negar tratamiento médico o quirúrgico después de haber sido informado adecuadamente de los beneficios, riesgos y alternativas sin coacción, discriminación, o venganza.

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- Personal competente que actúe como su defensor y que trate su dolor tan efectivamente como sea posible.
- Saber la identidad y capacidad profesional de las personas que le proveen un servicio y ser proveído con los conocimientos adecuados de sus cuidados en casa, escritos en un lenguaje que usted pueda entender.
- Ser libre de uso innecesario de restricción física o química y del aislamiento como un medio de coerción, conveniencia o venganza.
- Conocer la razón de su traslado dentro o afuera de la sala quirúrgica.
- Acceso imparcial de tratamiento, sin importar raza, edad, sexo, etnicidad, orientación sexual, nacionalidad, religión, o discapacidad.
- Recibir la cuenta desglosada por todos los servicios en un periodo de tiempo razonable y ser informado de la fuente de reembolso y cualquier limitación o restricción colocado sobre su cuidado.
- Cuando crees que tus derechos han sido violados reporta un agravio con la facilidad con el director de la clínica a:

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- Reportar cualquier comentario sobre la cualidad de los servicios recibidos en su estadía en la clínica y recibir un seguimiento justo a sus comentarios.
- Conocer de cualquier relación de negocios que tenga el lugar, proveedores de cuidado y otros que puedan influenciar su cuidado o tratamiento.
- Presentar una queja de sospecho de violaciones de regulaciones o derechos de pacientes del departamento de salud. Quejas pueden ser presentadas a:

California Department of Public Health - Chico District Office
126 Mission Ranch Blvd., Chico, CA 95926
530-895-6711 Phone

Oficina de Beneficiario de Medicare Defensor del Pueblo
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Accreditation Association for Ambulatory Health Care (AAHC)
(847) 853-6060
info@aaahc.org

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COMO UN PACIENTE, USTED ES RESPONSABLE DE:

- Proveer lo mejor que pueda de información completa acerca de su salud e actual historial médico pasado y reportar cualquier cambio inesperado a los practicantes presentes.
- Seguir el tratamiento recomendado por el médico involucrado directamente en su caso.
- Asignar a una persona adulta que lo transporte a casa después de una cirugía, así como también un adulto responsable por su cuidado en casa por las primeras 24 horas después de la cirugía.
- Indicar claramente si ha entendido, el curso de acción y que es esperado de su parte. Así como hacer preguntas cuando necesite; información adicional.
- Sus acciones si se niega al tratamiento, abandona, el lugar en contra de lo expuesto por el practicante, y/o no seguir las indicaciones del practicante que estén relacionadas con su cuidado.
- Asegurarse de que sus obligaciones financieras por su cuidado medico estén cubiertas.
- Proveer información acerca de o copias de cualquier testamento en vida, poder legal u otra indicación que usted tenga dispuesta.