

Patient Rights and Responsibilities and Financial Interest Disclosure Form



PATIENT RIGHTS & RESPONSIBILITIES

PATIENT RIGHTS:

The Patient at The Surgery Center at 900 North Michigan Avenue, I.I.C has the right to:

1. Considerate and respectful care at all times. Privacy and confidentiality in all aspects of the Center's services. You have the right to be treated with courtesy, dignity and respect at all times. You have the right to have your cultural, psychological, spiritual and personal values, beliefs and preferences respected.
2. Complete information about the regulations of the Center that effect both patients and those accompanying them during the patient's stay at the Center and to exercise his or her rights without being subjected to discrimination or reprisal.
3. Complete and current information concerning diagnosis, treatment, prognosis, risks and alternative treatment communicated in a language you can understand and that allows you to give informed consent and participate in your medical care.
4. Informed participation in decisions involving his / her healthcare, including provisions for continuity of care and to accept or refuse treatment
5. Prompt medical attention and follow-up care relating to any medical services provided by the Center.
6. Assessment and immediate attention to complaints of pain. Appropriate medical measures to treat pain.
7. Prompt release of his / her medical records, with proper attention to patient confidentiality.
8. If it relates to care, to obtain an explanation as to the relationship, or interest, if any, of the physician, or outside party to this facility, which may suggest a conflict of interest, that may influence your treatment and care, and such explanation shall include said physician's ownership or financial interest, if any, in the facility and shall be provided in writing
9. We strongly affirm your right to make decisions regarding your medical care, including your right to select the medical care provider. Your choice of provider is expressly guaranteed by legal and ethical considerations.
10. Mechanisms to provide the Center with feedback on the services provided and to file complaints and grievances.
 - a. You can voice your opinion directly to your healthcare provider
 - b. You can provide feedback through patient satisfaction survey (you do not have to identify yourself if you choose).
 - c. You can write to facility administrator
 - d. You can contact State Agency, Medicare, or Joint Commission at the addresses posted by front desk.Any grievances will be addressed promptly by The Center.
11. Advance directives: it is The Centers policy not to accept any form of advance directive, or living will. We can assist you with redirection to facility that accepts Advanced Directives. We can also assist you with arranging for advance directives. Upon request we can provide you with copies of applicable laws and applicable forms. If you would like to discuss further Center's Advance Directive policy, please inform receptionist that you would like to speak with clinical supervisor.

PATIENT RESPONSIBILITIES:

The Patient at The Surgery Center at 900 North Michigan Avenue, I.I.C has a responsibility to:

1. To arrive at the scheduled appointment time having followed ALL pre-appointment instructions
2. To provide the Center with correct names, addresses, and telephone numbers to be used in emergency situations only and to inform the Center of any legal documents you have that may relate to your care including but not limited to Advance Directives, Medical Power of Attorney etc
3. To disclose ALL previous surgeries, medical conditions, allergies and all other aspects of their medical history, and to inform the Center of any forms of legal arrangements that you may have e.g. living will, power of attorney for health care, advance directives etc
4. To promptly pay for all services received at the Center.
5. To adhere to the policies and procedures of the Center and to encourage their guests to do likewise
6. To ask questions and indicate when they do not understand instructions, diagnosis, etc.
7. To carefully follow ALL after-care instructions, recommended medical treatment and courses of care prescribed by the Center's Staff.
8. To accurately complete all medical forms, insurance papers and medical release forms in legible manner
9. To respect the privacy of other patients and their guests.
10. To communicate their concerns about their treatment to the Center and its Staff.
11. To recognize that refusal of treatment, or non-compliance with therapy, may result in negative consequences, which are entirely the responsibility of the patient.
12. To notify their health care provider of complaints of pain.

I reviewed copy of Patient Rights and Responsibilities prior to admission to 900 North Michigan Surgical Center. Any questions regarding Patient Rights and Responsibilities have been answered prior to my admission to facility.

CHECK ONE (facility representative)

Your Doctor does NOT have any financial interest in the Facility

Financial Disclosure Attached.

I have received applicable financial disclosures about interest of my doctor in the Facility.
If your Doctor has financial interest in the Facility the applicable financial disclosures are attached to this form.

Patient Signature: _____ Date: _____