

KENDALL POINTE SURGERY CENTER PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS:

Reasonable, informed participation in decisions involving your health care is your right. The rights of our patients are an important component of our care for you. We respect your rights and request that you recognize your responsibilities too.

1. You have the right to considerate, dignified and respectful care, and are free from all forms of abuse or harassment. You also have the right to participate in the conduct and responsibilities as outlined below without being subjected to discrimination or reprisal.
2. You have the right to every consideration of your privacy concerning your own medical care program. Case discussion, consultation, exam, and treatment are confidential and should be conducted discreetly and in a language primarily used. Those not involved in your care must have your permission to be present, or acting on the patients' behalf as mandated by State Regulations.
3. You have the right to expect that all communications, disclosures and records pertaining to your care be treated as confidential. You have the right to refuse their release, unless required by law.
4. You have the right to obtain from your physician completed current information concerning your diagnosis, treatment and prognosis/outcomes in terms that you can understand. When it is not medically advisable to give such information to you, the information should be made available to an appropriate person in your behalf. You have the right to know, by name, the physician responsible for coordinating your care and services available at the organization.
5. You have the right to receive from your physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies or where medically contraindicated, such information for informed consent should include, but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when you request information concerning medical alternatives, you have the right to such information.
6. You have the right to expect that within its capacity the surgery center must make a reasonable response to the request of the patient for services. The center must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, you may be transferred to another facility only after you have received complete information and explanation concerning the needs for and alternatives to such a transfer, if not an emergent situation. You have the right to information regarding after-hours care.
7. You have the right to obtain information as to any relationship of the surgery center to other health care and educational institutions insofar as your care is concerned. You have the right to obtain any information as to the existence of any professional relationships or financial interests among individuals, by names that are treating you.
8. You have the right to be advised if the surgery center proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
9. You have the right to expect reasonable continuity of care. You have the right to know in advance what appointment times and physicians are available and where. You have the right to expect that the surgery center will provide a mechanism whereby you are informed by your physician, or delegate of your physician, of your continuing health care requirements following discharge.
10. You have the right to examine and receive explanation of your bill regardless of the source of payment, and to understand the center's payment policies.
11. You have the right to know what surgery center rules and regulations apply to your conduct as a patient.
12. You or your responsible other has the right to be informed of the complaint process at the surgery center. You should report any concerns about your care or safety issues you encountered during your stay. You may contact the nurse manager for information regarding initiation, review, and resolution of your complaints. You may report issues to the Illinois Department of Public Health at 1-800-252-4343, to AAAHC at 847-853-6060 www.aaahc.org, or if Medicare related, www.cms.hhs.gov/center/ombudsman.asp or 800-633-4227.
13. You have the right to an advance directive, such as a living will or healthcare proxy. A patient who has an advance directive should provide a copy to the facility and his/her physician. It is the policy of this facility **NOT** to honor an advance directive. Information is available regarding Advance Directives at www.idph.state.il.us/public/books/advin.htm.

14. Your right on reporting of pain will be believed and information will be given about pain and pain relief measures. We are a concerned staff committed to pain prevention and management; health professionals who respond quickly to reports of pain management.
15. You have the right to change primary or specialty physicians if other qualified physicians are available within the practice to treat your condition.
16. You have the right to know that all marketing, advertising efforts, and accreditation references accurately portray the organization.
17. You have the right to be informed of the absence of malpractice coverage.

PATIENT IS RESPONSIBLE FOR:

1. Being considerate of other patients and personnel and for assisting in the control of noise, smoking, and other distractions.
2. Respecting the property of others and the facility.
3. You have the responsibility of honoring your financial commitments to the surgery center.
4. Providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
5. Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her. As well as following the treatment plan prescribed by the physician.
6. Keeping appointments and, when unable to do so for any reason, for notifying the facility and physician.
7. Providing caregivers with the most accurate and complete information to the best of his/her ability about his/her health, regarding present complaints, past illnesses, hospitalizations, medications (including over-the-counter products and dietary supplements), allergies or sensitivities, unexpected changes in the patient's condition or any other patient health matters.
8. Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the right to care at the facility and being responsible for the outcome.
9. Asking your doctor what to expect regarding pain and pain management.
10. Discussing pain relief options with your doctor.
11. Working with your doctor to develop a pain management plan.
12. Helping your doctor assess pain and tell him if your pain is not relieved.
13. Telling your doctor about any worries you have about taking pain medications.
14. Inform your physician about any living will, medical power of attorney or other directive that may have an effect on your care.
15. Follow the treatment plan prescribed by his/her provider and participate in his/her care.
16. Accept personal financial responsibility for any charges not covered by his/her insurance.
17. Be respectful of all the health care professionals and staff, as well as other patients.

Patient acknowledges receipt, review and understanding of these rights and responsibilities. Date: _____

Patient Signature:

Print Patient Name: