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 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.
- 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.
- Change providers if other qualified providers are available.
- File a grievance with the facility by contacting the Clinical Director, via telephone or in writing, when you feel your rights have been violated.

  Clinical Director
  Ophthalmic Surgical Partners, LLC
  8425 Wann Drive, Suite 102
  Madison, AL 35758
  256-849-2015
  Kerri.stanley@eyesurgerymadison.com

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- 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:

  E-mail: ACCComplaints@adph.state.al.us
  Bureau of Health Provider Standards Complaint Hotline: 1-800-356-9596
  Mail: ATTN: ACC Complaint Unit, Alabama Department of Public Health, Bureau of Health Provider Standards, 201 Monroe Street, Suite 700, Montgomery, AL 36130-3017

  Office of the Medicare Beneficiary Ombudsman
  https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home

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

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.

FINANCIAL DISCLOSURE

We are required by law to inform you of this ownership interest. You have the right to choose the provider of your health care services, including the facility where your procedure will be performed. You may elect to have your procedure performed at a different facility, if you prefer.

Physician(s) with Ownership Interest: Dr. Robert Foster, Dr. Darren Malone, Dr. Paul A. Frederick

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