# PATIENT RIGHTS AND RESPONSIBILITIES

**The Laser Surgery Center, LLC** recognizes 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 the care is rendered within an organizational structure such as the The Laser Surgery Center. These guidelines help The Laser Surgery Center assure optimal patient care and greater satisfaction for the patient, his or her physician, and our facility. Therefore, The Laser Surgery Center is informing you of your rights and responsibilities in seeking care from our physicians at our facilities.



#### **PATIENT RIGHTS**

#### Patients treated at the Center have the right to:

- Be treated with respect, consideration, and dignity.
- Be provided with appropriate personal privacy at check-in and in evaluation and treatment areas of the Center.
- Have interpretation services available at no extra charge to the patient.
- Be provided with information, in layman's terms, concerning their diagnosis, evaluation, treatment, and prognosis to the degree that it is known. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Be given the opportunity to participate in decisions involving their healthcare, except when such participation is contraindicated for medical reasons.
- Receive service(s) without regard to age; race; color; sex; sexual orientation; marital status; disability; veteran's status; national origin; cultural, economic, educational, or religious background; or the source of payment for care, without being subjected to discrimination, reprisal, abuse, or harassment.
- Receive care in a safe setting by competent and appropriately qualified personnel.
- Be given verbal and written notice of rights and responsibilities in a language and manner that ensures the patient, the representative or surrogate understands, prior to the procedure.
- Have these patient rights posted in a place or places within the ASC likely to be noticed by patients waiting for treatment or by the patient's representative or surrogate, if applicable.
- Be provided, in writing if requested, a list of physicians who have financial interest or ownership in the ASC facility.
- Be informed of how to voice or file complaints or grievances regarding treatment or care that is (or fails to be) furnished.
- Change primary or specialty providers if other qualified providers are available.
- Be given the name of their attending physician, the names of all other physicians directly assisting in their care, and the names and functions of other healthcare persons having direct contact with the patient.
- Obtain written information concerning the Center's policies on advance directives, including a description of applicable state health and safety laws and, if requested, official State advance directive forms.
- Be informed of the after-hour and emergency care coverage.
- Be informed of the services, fees, and payment policies of the center.
- Be provided information on the credentials of the healthcare professionals at the Center.
- Receive information regarding the absence of malpractice insurance, if applicable.
- Be fully informed about a treatment, procedure, anesthetic administration, and the expected outcome before it is performed.
- Refuse drugs or procedures and have a physician explain the medical consequences of the drugs or procedures.
- Have a legal representative or surrogate designated by the patient in accordance with state law to exercise the patient's rights to the extent allowed by state law, if a state court has not adjudged a patient incompetent.
- Have the rights of the patient exercised by the person appointed under state law to act on the patient's behalf if a patient is adjudged incompetent under applicable state laws by a court of proper jurisdiction.
- Expect emergency procedures to be implemented without necessary delay.
- The expedient and professional transfer to another facility when medically necessary and to have the responsible person and the facility that the patient is transferred to notified prior to transfer.
- Have records pertaining to their medical care treated as confidential.
- Be provided with, upon written request, access to all information contained in their medical record.
- Be advised of participation in a medical care research program or donor program; the patient shall give consent prior to participation in such a program; a patient may also refuse to continue in a program that has previously given informed consent to participate in.
- Receive appropriate and timely follow-up information of abnormal findings and tests.
- Receive appropriate and timely referrals and consultation, and information regarding "continuity of care."
- Expect the absence of clinically unnecessary diagnostic or therapeutic procedures.

# **PATIENT RESPONSIBILITIES**

### Each patient treated at the Center has the responsibility to:

- Provide a complete and accurate medical history including medications, over-the counter products, dietary supplements, and any allergies or sensitivities.
- Follow the treatment plan established by the physician, including instructions of nurses and other healthcare professionals as they carry out the physician's orders.
- Arrange for a responsible adult to drive you home and stay with you for 24 hours after surgery (as may be required by your physician).
- Fulfill financial responsibility, for all services received, as determined by the patient's insurance carrier.
- Provide the surgery center with all information regarding third-party insurance coverage.
- Behave respectfully toward all healthcare professionals, as well as other patients.
- Keep your appointment and notify the facility if you are unable to do so.
- Read and understand all consents you sign. Please ask questions for clarification before signing consents.
- Carry identification with you.
- Inform us if you do not understand any part of your treatment. Ask questions and take part in your healthcare decisions.
- Inform us when you are having pain or when your pain is not being managed.
- Respect the Center's property and equipment.

# **CONTACT INFORMATION FOR COMPLAINTS:**

Without fear of reprisal, voice grievances regarding treatment or care, changes in policy and service, or other comments to:

The Center:

Attn: Clinical Director
The Laser Surgery Center, LLC
2600 W University Drive
Suite 200
McKinney, TX 75071
Phone: (972) 548-2015

The State:

The Texas Department of State Health Services is the agency responsible for complaint investigations against ambulatory surgery centers in Texas.

Complaints may be filed **by phone** at (888) 973-0022; **fax** at (833) 709-5735; **in writing** to the Health and Human Services Commission Complaint and Incident Intake, Mail Code E-249 P.O. Box 149030, Austin, Texas 78714-9030; or by email at: hfc.complaints@hhsc.state.tx.us.

Medicare: Office of the Medicare Ombudsman: <a href="https://www.medicare.gov/basics/your-medicare-rights/get-help-with-your-rights-protections">https://www.medicare.gov/basics/your-medicare-rights/get-help-with-your-rights-protections</a> or 1-800-MEDICARE.

Medicare beneficiaries: The Ombudsman's role is to ensure that you receive this information and to help you understand your Medicare options, rights, and protections.

You may file a complaint with the accreditation agency for this Center: Accreditation Association for Ambulatory Health Care, Inc. ("AAAHC") website, <a href="http://www.aaahc.org/">http://www.aaahc.org/</a>

A complainant may provide his/her name, address, and phone number to the Department. All complaints are confidential.