

Advance Notification to Patients

This information is being supplied to you prior to your surgery in compliance with federal regulations. Please read it carefully; upon checking in at the reception desk on the day of surgery you will be asked to sign an acknowledgement that you received this information.

Mission Statement

To achieve the highest level of quality and productivity in the delivery of health care services that is responsive to the needs and values of our patients, employees, and referring physicians.

Reporting of Complaints

If you have concerns about the quality of care and/or patient safety of this licensed ambulatory surgical treatment center, please notify any member of our staff or our Administration. If your concerns are not sufficiently addressed, you may also contact the following agency:

File a complaint with the Illinois Department of Public Health by writing to the following address: Illinois Department of Public Health, Division of Health Facilities Standards, 525 West Jefferson Street, Springfield, IL 62761; or you may call 1-800-252-4343 during regular business hours.

Website

Answers to most of your questions can be found on the center's website at: www.midwesteyecentersc.com for additional questions please call (708) 891-3330.

Patient Bill of Rights and Responsibilities

The staff works hard to respect and support the Rights of all patients, which are:

❖ The patient has the right to courteous, considerate and respectful care.

❖ The patient has the right to obtain from his physician complete and current information concerning his diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his/her behalf. He/She has the right to know, by name, the physician responsible for coordinating his/her care.

❖ The patient has the right to receive from his physician information necessary to give informed consent prior to the start of the procedure and/or treatment. Except in emergencies, such information should include but not necessarily be limited to their

diagnosis, the specific procedures and/or treatments, the medically significant risks involved, prognosis and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information.

❖ The patient has the right to participate in decisions involving his/her care except when contraindicated for health reasons, to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.

❖ The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation examination and treatment are confidential and should

be conducted discreetly. Those not directly involved in his/her care must have the permission of the patient to be present.

❖ The patient has the right to expect that communications and records pertaining to his/her care should be treated as confidential.

❖ The patient has the right to expect that within its capacity an ASC must make reasonable response to the request of a patient for services. The facility must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another health care facility after he has received complete information and explanations concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

Patient Name: _____
Patient # _____

❖ The patient has the right to obtain information as to any relationship of his facility to other health care and educational institutions; insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by names, which are treating him/her.

❖ The patient has the right to be advised when the facility proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.

❖ The patient has the right to expect reasonable continuity of care and to know in advance what appointment times and physicians are available and when. The patient has the right to expect that the facility will provide a mechanism whereby he/she is informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge.

❖ The patient has the right to facility payment plans and to examine and receive an explanation of his bill regardless of the source of payment.

❖ The patient has the right to know what facility rules and regulations apply to his conduct as a patient; e.g., the patient is responsible for providing information about his/her health, including past illnesses, hospitalizations and medication. The patient is responsible for asking questions to seek information or clarification of things not understood and for advising the physician if the decision is made to stop the treatment plan. The patient is responsible for providing payment information and making arrangements to pay.

❖ The patient has the right to receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin, and physical handicap, source of payment or sponsor.

❖ The patient has the right to be informed of the support services

available at the center, including the availability of an interpreter.

❖ The patient has the right to be informed of the provisions for off-hour emergency coverage.

❖ The patient has the right to be informed of the charges for services eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care.

❖ The patient who is Medicare eligible, has the right to know, upon request and in advance of treatment, whether the facility accepts the Medicare assignment rate.

❖ The patient has the right to receive an itemized copy of his/her account statement upon request.

❖ The patient has the right to voice grievances and recommend changes in policies and services to the center's staff, the operator and the Agency for Healthcare Administration without fear of reprisal.

❖ The patient has the right to express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient, indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center's response, the patient may complain to the Agency for Healthcare Administration.

❖ The patient has the right to review his/her record and to approve or refuse the release or disclosure of the contents of his/her medical record to any health care practitioner and/or health care facility except as required by law or third-party payment contract.

❖ The patient has the right to expect that marketing and/or advertising conducted by the facility is not misleading.

❖ The patient has the right to have an advance directive, such as a Living Will or health care proxy. These documents express the patients' choices about their future care and name someone to decide if he/she cannot speak for themselves. If the patient has a written advance directive, a copy should be provided to the facility, and will be made aware that we **WILL NOT** honor it.

❖ The patient is responsible for providing information about past illnesses, hospitalizations, medications, and other matters relating to their health and to answer all questions concerning these matters to the best of their ability.

❖ The patient is responsible for being considerate of other patients and to see that family members are also considerate, especially in regards to smoking, noise and visitation policy.

❖ The patient is responsible for being respectful of others, their property, and the property of the facility and its personnel.

❖ The patient is responsible for promptly arranging for the payment of bills and providing necessary information for insurance processing.

❖ The patient is responsible for keeping all appointments promptly at their scheduled time or contacting staff as early as possible if a scheduled appointment cannot be kept.

❖ The patient is responsible for following instructions and the health care plan recommended by the health care provider and for asking questions if information is not understood.

❖ The patient is responsible for informing staff of physical changes experienced during treatment.

❖ The patient is responsible upon discharge by staff, to maintain the follow-up treatment recommended.

Disclosure of Ownership:

Midwest Eye Center is owned by Dr. Afzal Ahmad, M.D., Medical Director.

Patient Name: _____
Patient # _____

Advance Directives

For the purpose of this policy, “advance directive” means written instructions, such as a living will or durable power of attorney for healthcare, recognized under Illinois law and relating to the provision of healthcare when the individual is terminally ill or incapacitated and unable to communicate his/her desires.

As an ambulatory surgery center, the surgery center does not fall into the category of health care facility that is required to implement the Patient Self-Determination Act of 1991 and its requirements regarding advance directives. However, the surgery center will identify those patients who have provided advance directives and will provide information regarding advance directives to patients requesting it.

If you provide us with an advance directive, the nursing staff will inform you and your companion that the center **WILL NOT** follow the advance directive. In the event of an acute medical/surgical complication requiring admission to a hospital from the surgery center, a copy of any advance directive provided to the surgery center will be transferred with a copy of your medical record. (Copies of your advance directive will be made a permanent part of your medical record at the surgery center.

Advance Directive:

If the patient and/or family makes it known that an Advance Directive exists, staff and/or anesthesia will explain our policy is **NOT TO HONOR** Advance Directives. The patient is then given the option to have his/her procedure done elsewhere if they wish. **Patient has an Advance Directive?**

YES NO

If you desire assistance regarding the preparation of advance directives, you can obtain information from the following sources:

Your attorney

Your physician

The Illinois Department of Aging
421 East Capitol Avenue
Springfield, Illinois 62701
1-800-252-8966 for free living will/power of attorney forms

The Illinois Attorney General’s Office
500 South Second Street
Springfield, Illinois 62706
1-800-252-2518 for free living will/power of attorney forms

American Medical Association
PO Box 109050
Chicago, Illinois 60610
1-800-621-8335, Order #NC634492 for free brochure

Patient Signature

Date

Patient Name: _____
Patient # _____