

PATIENT RIGHTS AND RESPONSIBILITIES

Patients have the right to expect that BEST Surgery & Therapies will observe the following standards, and provide necessary health services to the best of its ability. Patients have the right to;

- ▶ Considerate and respectful care that includes consideration of the psychosocial, spiritual and cultural variables that influence the perceptions of illness.
- ▶ Receive care in a safe setting, free from abuse or harassment and free from discrimination on the basis of race, color, national origin, sex, age or disability.
- ▶ Be informed about your condition, possible treatment and likely outcome(s) and to discuss this information with your providers.
- ▶ Privacy. BEST Surgery & Therapies, your provider and others caring for you will, and are required to, protect your privacy.
- ▶ Expect that treatment records are confidential unless you have given permission to release information, or reporting is required or permitted by law. When BEST releases records to others it emphasizes that the records are confidential.
- ▶ Prompt and reasonable response to questions and requests.
- ▶ Request a copy of your medical records, but they remain the property of BEST Surgery & Therapies.
- ▶ Review your medical records and to have the information explained, except when restricted by law.
- ▶ Be informed of the effectiveness of treatment, possible risks, side effects and alternate methods of treatment.
- ▶ Participate in decisions involving your care, unless contraindicated by health concerns.
- ▶ Ask what to expect regarding pain, pain management and other options.
- ▶ To ask what may be expected from you and what rules and regulations apply to your conduct.
- ▶ Refuse treatment, to ask for a second opinion, or to seek alternative treatment, and to be informed of the medical consequences of your actions should you do choose not follow health care provider instructions to change or request another provider if other qualified providers are available

The ASC patient rights and responsibilities must: (This is out of the AAAHC Standards)

The ASC's notice of rights must include the address and telephone number of the state agency to which patients may report complaints, as well as the website for the Office of the Medicare Beneficiary Ombudsman.[416.50(a)]

- ▶ Receive treatment for any emergency medical condition that will deteriorate from failure to provide such treatment.
- ▶ Know who is responsible for your care and the name and role of those providing medical services. You also have the right to a choice of clinician and to change clinicians if desired.
- ▶ Know what patient support services are available, including whether an interpreter is available if you do not speak English.
- ▶ Receive a reasonable estimate of charges for medical care, to know whether Medicare assignment rate is accepted, and to be given full information regarding the availability of known financial resources for care, upon request and prior to treatment.
- ▶ Receive a copy of a reasonably clear and understandable itemized bill and upon request, to have charges explained.
- ▶ Know if medical treatment is for the purposes of experimental research and to give your consent or refusal to participate in such experimental research.
- ▶ Express a complaint or grievance concerning your care and receive a response without your care being compromised.
- ▶ Access our internal grievance process and also to appeal to an external agency. You are able to express your comments or concerns through the Patient Satisfaction Survey or through the BEST website.

Filing Complaints

If you have concerns about the care you received at this facility, Call the facility Administrator at phone number.

If you have a complaint against the ambulatory surgical center, or practitioner call the Ohio State Department of Health at 1-800-342-0553

If you are a Medicare recipient and have a complaint against a health care professional or facility

you may contact the Office of the Medicare Beneficiary Ombudsman by calling 1-800-MEDICARE or www.medicare.gov

PATIENT RESPONSIBILITIES

Patients shall respect the facility's right to expect behavior considered reasonable and responsible behavior, and shall observe the responsibilities described in the following summary. As a patient, you hereby agree that you shall;

- ▶ Provide complete and accurate information to the best of your ability about your past and present health, hospitalizations, any medications, including over-the-counter products and dietary supplements, any allergies or sensitivities and other matters relating to your health.
- ▶ Present details of illness, injury or physical problem in a direct and straightforward manner.
- ▶ Report unexpected changes in your condition and health.
- ▶ Cooperate responsibly with facility rules and regulations affecting patient care and conduct, including cooperation with all persons involved in the patient care process.
- ▶ Keep appointments on time and cancel appointments only when absolutely necessary, and far enough in advance so that other patients might utilize that time.
- ▶ Comply with the treatment plan provided by the health professional.
- ▶ Report to your health care provider whether you comprehend a contemplated course of action and to ask for clarification whenever information or instructions are not understood.
- ▶ Provide both positive and negative any feedback, whether positive or negative, to the health care professional responsible for your care.
- ▶ Provide a responsible adult to transport you home from the facility and remain with you for twenty-four (24) hours, if required by your provider.
- ▶ Inform your provider about any living will, advance directive, medical power of attorney or other directive that could affect your care.
- ▶ Accept personal financial responsibility for any charges not covered by your insurance.
- ▶ Be respectful of all health care providers, staff and other patients.
- ▶ Exercise your rights, by submitting your request must be in writing. Please obtain the required form from the front desk or request via email MedicalRecords@BestSurgery.com BEST is not required to act immediately and will investigate our abilities to comply with all requests prior to agreeing to the request.
- ▶ A request for electronic PHI if available and desired
- ▶ A request for restricted disclosure of PHI for insurance purposes if treatment is paid out-of-pocket in full

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have any questions about your rights or responsibilities, or our practices and procedures regarding the use of your protected health information, please call BEST Surgery & Therapies Privacy Officer at the number below. You may also obtain a copy of our Privacy & Security Practices Notice on our web site at www.bestsurgery.com.

If you believe your rights have been or are being violated, you may complain to BEST Surgery & Therapies, the appropriate state-licensing agencies, BEST Surgery & Therapies accreditation agencies, or the Secretary of the Department of Health and Human Services. Please note, that complaints to the Secretary must be filed in writing on paper, or electronically and must be made within One-hundred and eighty (180) days of when you became aware of, or should have been aware of, the incidents giving rise to your complaint. By law, you cannot be penalized for filing a complaint.

BEST Surgery & Therapies encourages patients and staff to report any violations and/or "near misses," and can do so without fear of retaliation by calling our Privacy Officer at our COMPLIANCE HELPLINE 1-888-372-4827 or emailing Compliance@BestSurgery.com.

