

Texas Eye Surgery Center

Patient Bill of Rights

As a Patient, You Have the Right to:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- You have the right to expect services without regard to race, color, national origin, disability, or age, as required by Federal law. If you believe discrimination has happened to you or any specific class of individuals because of race, color, national origin, age, sex, disability or religion by a health care or human services provider (such as hospitals, nursing homes, social service agencies, etc.), you or your representative may file a complaint with the Office for Civil Rights (OCR). Complaints against the U.S. Department of Health and Human Services alleging discrimination in services on the basis of disability may also be filed with OCR. Complaints usually must be filed within 180 days from the date of the alleged discriminatory act. (OCR may extend the 180-day period if good cause to do so is shown.)
- Personal and informational privacy.
- Confidentiality of records and disclosures. 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.
- The opportunity to participate in decisions involving your healthcare.
- Competent, caring healthcare providers who act as your advocates.
- Know the identity and professional status of individuals providing service.
- Adequate education regarding self-care at home written in language you can understand.
- Make decisions about medical care, including the right to accept or refuse medical or surgical treatment and the right to initiate advance directives such as a living will or durable power of attorney. If you already have a living will or other directive or you wish to initiate one, please speak with a nurse.
- Information concerning implementation of any advance care directive.
- Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap, or disability.
- Receive an itemized bill for all services.
- 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.

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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 practitioner(s).
- Following the treatment plan recommended by the primary practitioner 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 practitioner, and/or do not follow the practitioner'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.

Please be informed that Dr. Brian Ranelle and Dr. Jerry Hu have a financial interest in Texas Eye Surgery Center.

Texas Eye Surgery Center will keep a copy of advance directives on file and in the event of an emergency will give a copy to the transferring hospital. A copy of State Health and Safety Laws are available for your reading with the ASC receptionist.

If you have any concerns or complaints about your visit to Texas Eye Surgery Center, you may contact the:

Clinical Director,
Michelle Borrego, BSN, RN
817-554-0200 Ext. 2353

Administrator,
Debra Dudney
817-540-6060

The Department of State Health Services, Facility Licensing Group,
1100 W. 49th St.
Austin, TX 78256
(888) 973-0022

Medicare Beneficiary Ombudsman, for Medicare inquiries and complaints 1-800-MEDICARE
WEBSITE: www.medicare.gov/Ombudsman/resources.asp

I ACKNOWLEDGE THAT I HAVE RECEIVED MY PATIENT RIGHTS, PHYSICIANS FINANCIAL INTEREST IN THE ASC, AND INFORMATION ON COMPLAINTS FOR THE ASC PRIOR TO MY SURGERY DAY.

Patient Signature

Witness

Date