



PATIENT RIGHTS AND RESPONSIBILITIES

PATIENTS' BILL OF RIGHTS

Eyecare Medical Group is committed to providing comprehensive health care in a manner which acknowledges the uniqueness and dignity of each patient. We encourage patients and families to have clear knowledge of, and to participate in, matters and decisions relating to their medical care.

- A patient has the right to be treated with courtesy and respect, with appreciation of their individual dignity, and with protection of their need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for their care.
- A patient has the right to know what support services are available, including whether an interpreter is available if they do not speak English or they are hard of hearing.
- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to request a second opinion and communication between health care providers regarding their treatment.
- A patient has the right to change their health care provider if other qualified providers are available.
- A patient has the right of informed consent for all procedures.
- A patient has the right to be given, upon request, full information, and necessary counseling on the availability of known financial resources for their care.
- A patient who is eligible for Medicare has the right to know, upon request and prior to treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have the charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for purposes of experimental research and to give their consent or refusal to participate in such experimental research.

- A patient has the right to express grievances regarding any violation of their rights, as stated in Maine law, through the grievance procedure of the health care provider or health care facility which served them and to the appropriate state licensing agency.
- A patient has the right to be free from all forms of abuse or harassment.
- A patient has the right to exercise their rights without being subjected to discrimination or reprisal.

SUMMARY OF PATIENT RESPONSIBILITIES

A patient is responsible for providing to the health care provider, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, over-the-counter products and dietary supplements, any allergies or sensitivities, and other matters relating to their health.

- A patient is responsible to inform their healthcare provider about any living will, medical power of attorney, or other directive that could affect their care.
- A patient is responsible for reporting unexpected changes in their condition to the health care provider.
- A patient is responsible for reporting any infectious or communicable health condition that could be spread to another by any means of transmission.
- A patient is responsible for reporting to the health care provider whether they comprehend a contemplated course of action and what is expected of them.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments and, when they are unable to do so for any reason, for notifying the health care provider or health care facility.
- A patient is responsible to provide a responsible adult to transport them home from the Ambulatory Surgical Center and remain with them for 24 hours, if required by their health care provider.
- A patient is responsible for his or her actions if they refuse treatment or does not follow the health care provider's instructions.
- A patient is responsible to be respectful of all health care providers and staff, as well as other patients.
- A patient is responsible for assuring that the financial obligations of their health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

ADVANCE DIRECTIVES

As a patient you have the right to participate in your own health care decisions and to make an Advance Directive, or to execute a Medical Power of Attorney that authorizes others to make decisions on your behalf when you are unable to make decisions or are unable to communicate those decisions. EMG respects these rights.

However, unlike in an acute care hospital setting, EMG does not routinely perform “high risk” procedures. Most procedures performed in this facility are considered minimal risk. Of course, no procedure is completely without risk. You will discuss the specifics of the procedure with your physician who will advise you about any associated risks, your expected recovery, and care after the procedure.

Therefore, it is our policy, regardless of the contents of an Advance Directive or instructions from a Medical Power of Attorney, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. The acute care hospital will order further treatment or withdrawal of treatment measures in accordance with your wishes, Advance Directive, or Medical Power of Attorney.

This policy will be verbally reviewed preoperatively with the patient. A written copy of this policy will also be provided. Patients will be asked to acknowledge and sign a form confirming this policy was reviewed with them verbally and in writing prior to the day of their procedure or on the day of emergency intervention. This form will be filed in the patient’s medical chart.

Signing the Advance Directive Notice does not invalidate any current Health Care Directive or Health Care Power of Attorney

PHYSICIAN DISCLOSURE

Practicing physicians at Eyecare Medical Group may have a financial interest which includes the Ambulatory Surgical Center at which you are scheduled to have your procedure. The following practicing physicians at Eyecare Medical Group have a financial interest in our Ambulatory Surgical Center:

Drs. Robert Daly, Samuel Solish, Scott Steidl, Jordan Sterrer, Jackie Nguyen, Aaron Parnes, and Adam Sise.

FEEDBACK

Our goal is to provide the best experience possible while in our Ambulatory Surgical Center. Patients, clients, families, or visitors have the right to express complaints or concerns about any aspects of their care or experience with our Ambulatory Surgical Center. Please be assured that expressing a complaint or concern will not compromise your care and will be addressed according to our policy.

- ❖ Concerns can be directed to any facility staff or the Ambulatory Surgical Center's Director of Operations, or you may mail your complaint to us at 53 Sewall Street, Portland, ME 04102-2625.
- ❖ If you feel it necessary, complaints may also be shared with the state of Maine Licensing Agency: <https://www.maine.gov/dhhs/dlc/safety-reporting> or by calling the telephone number 1.207.287.3707.
- ❖ The Federal Licensing Agency: Medicare Ombudsman telephone number 1.800.633.4227, TTY users can call 1-877-486-2048, or electronically at <https://www.medicare.gov/my/Medicare-Complaint>



PATIENT RIGHTS AND RESPONSIBILITIES ACKNOWLEDGMENT

I hereby acknowledge that I have read the Patient Rights and Responsibilities form, understand its content, and have been given the opportunity to have my questions addressed.

_____	____/____/____
Patient Name (Printed)	Date of Birth
_____	____/____/____
Patient Signature	Date

I hereby sign on behalf of the patient listed above. I acknowledge that I have read the Patient Rights and Responsibilities Form, understand its content, and have been given the opportunity to have my questions addressed.

_____	_____
Authorized Representative Name (Printed)	Authority (PoA, Guardian, etc.)
_____	____/____/____
Authorized Representative Signature	Date