

THE SURGERY CENTER AT CORPORATE WAY HAS ADOPTED THE FOLLOWING LIST OF PATIENT RIGHTS AND RESPONSIBILITIES.

Each Patient Has The Right To:

1. Exercise these rights without regard to race, sex, or cultural, economic, educational or religious background, handicap, contagious disease, or the source of payment for his/her care.
2. Considerate and respectful care recognizing and maintaining patient dignity.
3. Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians who will be involved in his/her care.
4. Receive information from physician about his/her illness, course of treatment and prospects for recovery in terms that he/she can understand. When 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.
5. Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies this information shall include a description of the procedure or treatment, medically significant risks involved in each, and the person who will carry out the procedure or treatment.
6. Make informed decisions and actively participate in decisions regarding his/her medical care to the extent permitted by law; this includes the right to refuse treatment.
7. Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to his/her care. Written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
9. Reasonable responses to any reasonable requests he/she may make for service.
10. Leave the Center even against the advice of his/her physicians.
11. Reasonable continuity of care and to know in advance the time and location of appointment as well as the provider of care. For after hours and emergency care call the Medical Society at 937-463-1810, or call 911 or your primary care physician, or the nearest Hospital Emergency Room.
12. Be advised if the personal physician proposes to engage in or perform clinical studies affecting his/her care of treatment. The patient has the right to refuse to participate in such research projects.
13. Be informed by physician or a delegate of physician of his/her continuing health care requirements following discharge from the Center.
14. Be provided with information regarding ownership, fees for services and payment policies and receive an explanation of his/her bill regardless of source of payment if requested.
15. Know which Center rules and policies apply to his/her conduct as a patient.
16. Have all patients rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
17. Knowledge of name and qualifications of staff members caring for patient.
18. Be free from all forms of abuse, harassment or retribution.
19. Patient has the right to change providers, if other qualified providers are available.
20. Patient has the right to the knowledge of the absence of Malpractice Insurance.
21. Patient has the right to change providers if other qualified providers are available.

Each Patient Is Responsible For:

1. Providing accurate and complete information to the best of his/her ability regarding his/her medical history This includes medications, over the counter products, dietary supplements and any allergies or sensitivities.
2. Agreeing to a scheduled time and notifying the Center if unable to meet that time.
3. Actively participating in his/her care and treatment.
4. Communicating whether he/she clearly understands the procedure and/or course of treatment.
5. Following discharge instructions.
6. Reporting problems, changes in condition, concerns or complaints.
7. Accepting responsibility for his/her actions if refusing treatment.
8. Fulfilling financial obligations of services received.
9. Respecting the rights of Center staff as well as other patients.
10. Inform your provider about any living will, medical power of attorney, or other directive that could affect his/her care.
11. Patients are to provide a responsible adult to transport him/her home from the facility and remain with patient for 24 hours, if required by his/her physician.

In accordance with Ohio law, our Center must inform you that we are not required to honor and do not honor Do Not Resuscitate (DNR) directives. A healthcare power of attorney will be honored. If a patient should provide his/her Advance Directive, a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician.

Patient complaints should be directed via the grievance posting in patient reception area or may call 937-434-4111 for further assistance. You may also notify AAAHC via (P) 847-853-6060 or ODH via (P) 800-342-0553 or Medicare Ombudsman via (P)1-800-633-4227 or Ohio Civil Services via (P) 800-282-0515.

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