

# PATIENT BILL of RIGHTS

- The patient has the right to be treated with respect, consideration, and dignity.
- The patient has the right to receive treatment and care from qualified physicians.
- The patient has the right to obtain from his/her physician current and understandable information concerning his/her diagnosis, treatment, and prognosis. When it is not medically advisable to give such information to the patient, the information will be made available to an appropriate person on his behalf. The patient has the right to know the name of the physician responsible for coordinating his care.
- The patient has the right to have an advance directive, such as a living will, health care proxy, or durable power of attorney for health care. Further, the patient has a right to expect that his/her advance directive will be honored to the extent permitted by law and the policies of Snowden River Surgery Center.
- The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the possible medical consequences of his/her action. Snowden River Eye Surgery Center will not withhold emergency treatment required to preserve the life of the patient, and/or facilitate his/her transfer to an acute care hospital.
- Except in emergencies, when the patient lacks decision-making capacity and the need for treatment is urgent, the patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. 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 also has the right to know the name of the person(s) who will implement the procedures and/or treatment.
- The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly.
- The patient has the right to expect all communications and records, pertaining to his/her care, will be treated as confidential unless reporting is permitted or required by law.
- The patient has the right to obtain information about business relationships with other health care and educational institutions that may influence his/her treatment and care.
- The patient has the right to be advised if the Center proposes to engage in or perform research studies or human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such projects.
- The patient has the right to expect reasonable continuity of care and to be informed by his/her physician, or a delegate of the physician, of the patient's continuing health care requirements following discharge.
- The patient has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
- The patient has the right to express (formally and informally) any grievance or suggestions regarding their care.
- The patient has the right to file a complaint with the Maryland Department of Health, the agency responsible for the investigation of Ambulatory Surgery Center complaints. Complaints may be registered with the department:

**By phone** 1- 877- 4MD-DHMH (1- 877- 463-3464) or

**By writing** to The Office of Healthcare Quality:

Spring Grove Hospital Center • Bland Bryant Building  
55 Wade Ave. • Catonsville, MD 21228

- If you are a Medicare Beneficiary, the Office of the Medicare Beneficiary Ombudsman ensures that you receive the information and help you need to understand your Medicare options, rights and protections.

**You may contact them by calling toll free 1-800-243-3425, extension 71108, or by visiting their website:**

*[www.medicare.gov/Ombudsman/resources.asp](http://www.medicare.gov/Ombudsman/resources.asp)*

***A complainant may provide his/her name, address, and phone number or remain anonymous.***

***All complaints are confidential.***

# **PATIENT RESPONSIBILITIES**

*As a patient at Snowden River Eye Surgery Center you also have responsibilities that affect your care.*

- To provide, to the best of your ability, complete and accurate information about your current health, past illnesses, hospitalizations, and use of medication, including over the counter products, dietary and herbal supplements.
- To provide accurate information regarding allergies and sensitivities, including any reactions to these.
- To follow the treatment plan and instructions provided by your surgeon.
- You are responsible for asking questions when you do not understand information or instructions, or if you do not believe you can follow through with the treatment prescribed by your physician.
- To be considerate of the rights and property of other patients, all health care providers, and the Eye Center personnel.
- To have a responsible adult available to provide transportation home from our facility and to remain with you for 24 hours, if required by your surgeon.
- To accept personal financial responsibility for any charges not covered by your insurance provider.

