



PATIENT RIGHTS & RESPONSIBILITIES

Vernon Square Surgicenter is committed to ensuring the following Patient Rights:

- The right to be informed of your rights both verbally and in writing prior to the date of your procedure in a manner that you or your representative understands.
- The right to exercise your rights without being subjected to discrimination or reprisal.
- The right to safe, confidential, and considerate care with respect, consideration, and dignity regarding your medical care and treatment.
- The right to be free from all forms of abuse or harassment.
- The right to privacy concerning your personal care.
- The right to be informed of any physician financial interests or ownership in the Center prior to the date of your procedure.
- The right to obtain credentialing information for health care providers upon request.
- The right to access your own clinical record and to expect all disclosures pertaining to your clinical record is treated as confidential unless reporting is permitted or required by law.
- The right to complete information concerning your diagnosis, evaluation, treatment and prognosis, as well as risks and dangers of that treatment, expected outcome, and opportunity to participate in informed decisions related to your treatment. When medically inadvisable to give such information to you, the information will be provided to a person designated by you or to a legally authorized person.
- The right to know the name of the person(s) who will implement the procedures and/or treatment and be informed of your right to change your provider if other qualified providers are available.
- The right to refuse part or all of the treatment suggested to you at the center, including participation in human experimental research affecting your care or treatment.
- The right to impartial treatment without regard to race, color, religion, gender, sexual preference, disability, national origin, age, veteran's status or source of payment, except for fiscal capability thereof in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.
- The right to know in advance what to expect concerning your procedure(s) expected appointment time, provisions for after-hours and emergency care as well as what to expect as far as reasonable continuity of care.
- The right to be informed by your physician, or a delegate of the physician, of your continuing health care requirements following discharge.
- The right to be provided with appropriate information regarding the absence of malpractice insurance coverage.
- The right to know the facility charges which you incur for treatment and payment policies, immediate and long term financial implications, regardless of the source of payment.

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- The right to expect that within its capacity, the ambulatory surgery center must provide evaluation, service and/or referral as indicated by the urgency of the case. A list of all services available at the organization will be provided upon request. When medically necessary, you may be transferred to another facility.
- The right to express a grievance regarding your care at any time before, during, and following your procedure, either verbally or in writing.
- The right to accurate and true marketing and/or advertising regarding the competence and capabilities of the organization.
- The right to submit an Advance Directive.
- The right to access the Advanced Health Care Directive as described in the Statement of Illinois Law on Advanced Directives, which includes Power of Attorney for health care, living will, mental health treatment preference declaration, do not resuscitate orders, and health care surrogate options.

As a patient, you are responsible for:

- Providing accurate and complete information concerning your present health, past medical history, medications, including over the counter products and dietary supplements, any allergies and sensitivities, and other matters relating to your health.
- 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.
- Following the treatment plan prescribed by your physician.
- Your actions should you refuse treatment or not follow your physician's orders.
- Providing a responsible driver for transportation home and for them to remain with you for 24 hours if required by the provider.
- Informing your provider about any living will, medical Power of Attorney, or other directive that could affect your care.
- Assuring your financial obligation is fulfilled as promptly as possible.
- Being considerate of the rights of other patients and staff of the center by assisting in the control of noise, refraining from smoking, and limiting the number of visitors.
- The center has the right to refuse care to or dismiss a patient from care in the event they are disruptive, uncooperative, and belligerent or physically threatening to staff or other patients. Additionally, the center has the right to refuse care to or dismiss a patient from care in the event the designated responsible driver is incapacitated, disruptive, uncooperative, belligerent, or physically threatening to the staff or other patients.



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If you have any questions concerning this policy, or need to file a complaint, please contact:

Clinical Director-Section 504 Coordinator
Vernon Square Surgicenter
230 Center Dr. Lower Level
Vernon Hills, IL 60061
Phone: 847-367-8764

The right to file a complaint with the Illinois Department of Public Health. The Illinois Department of Public Health is the responsible agency for the ambulatory surgical centers' complaint investigation. Complaints may be registered with the department by phone 217-782-4977 or in writing to The Illinois Department of Public Health Services, 535 West Jefferson St. Springfield, IL 62761. You may provide your name, address, and phone number to the department. Anonymous complaints may be registered. All complaints are confidential.

Office of the Medicare Ombudsman, www.cms.hhs.gov/center/ombudsman.asp

Illinois Department of Public Health. Refer to Statement of Illinois Law on Advanced Directives and DNR Orders, <http://www.idph.state.il.us/public/books/advdir4.htm>

National Hospice and Palliative Care Organization <http://www.caringinfo.org/UserFiles/File/Illinois.pdf>