

Patient Rights and Responsibilities

As a patient of the Pankratz Eye Institute/Columbus Eye Surgery Center, you have the right to:

- Receive services without regard to age, race, color, sexual orientation, religion, marital status, sex or national origin.
- Be treated with consideration, respect and dignity including privacy in treatment.
- Be free from abuse or neglect as well as the fear of being abused or neglected
- Be informed of the services available at the Center and of the provision for emergency coverage after business hours.
- Be informed of the charges for services, eligibility for third-party reimbursements and, if applicable, the availability of reduced-cost care.
- Obtain from your healthcare practitioner, or the health care practitioner's delegate, complete and current information concerning your diagnosis, treatment and prognosis in terms you can be reasonably expected to understand.
- Receive from your physician information necessary to give informed consent prior to the start of any non-emergency procedure or treatment or both. An informed consent will include as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision.
- Refusal to participate in experimental research.
- Refusal of any medical care or treatment and well as being provided information regarding medical outcomes of such refusal.
- Voice grievances and recommend changes in policies and services to the Center's staff, administration, owner, the Indiana State Department of Health or the Office of the Medicare Beneficiary Ombudsman, without fear or reprisal.
- Privacy and confidentiality of all information and records pertaining to your care and treatment.
- Approve or refuse the release or disclosure of the contents of your medical record to any health-care practitioner and/or health-care facility except for those providing and/or following your care at the Center or as required by law or third-party payment contracts, as is consistent with the Center's HIPAA policy
- Access to your medical record.

Concerns/Problems/Complaints regarding your health care:

If you have a concern, problem or complaint related to any aspect of the provision of your care at this Center, speak to your doctor, nurse, other staff member or Center administration so that we may address and correct your concerns immediately. If facility staff then fail to resolve the problem, you may file a complaint with the Indiana State Department of Health by calling the toll-free number 1-800-246-8909. Written complaints should be addressed to:

Indiana State Department of Health
Division of Long Term Care
2 North Meridian Street, 4B
Indianapolis, IN 46204

Complaints or grievances may also be filed with the Office of the Medicare Beneficiary Ombudsman by visiting their website at:

www.medicare.gov/Ombudsman/resources.asp

As a patient of the Pankratz Eye Institute/Columbus Eye Surgery Center, you have the responsibility for:

- Providing, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, medications and other pertinent facts relating to health status. You are also responsible for making it known whether you clearly understand your treatment and care and what is expected of you for that care.
- Following the treatment plan recommended by your health-care practitioner including but not limited to the instructions of nurses and other health personnel at the Center.
- Keeping appointments and, when unable to do so, notify the Center by telephone.
- Actions and outcomes, which may occur to you, should you refuse treatment or fail to follow instructions.
- Asking questions about your bill, if applicable, providing necessary information to assist your insurance company to pay your bill and fulfilling all financial obligations for your health care as promptly as possible.
- Being considerate to the rights of other patients and Center personnel and being respectful of the property of others and the facility.

Ownership Disclosure:

Michael J. Pankratz, MD, is sole owner of the Pankratz Eye Institute/Columbus Eye Surgery Center

Advanced Directive Policy:

The Pankratz Eye Surgery Center does not honor “DO NOT RESUSCITATE” or “DNR” orders. Health-care providers at this Center are bound to do all in their power to assure the safe treatment and recovery of every patient including resuscitation, if necessary. Should a patient’s condition become medically unstable while at the Center, the patient will be transferred to Columbus Regional Hospital for provision of emergency medical care as dictated by the situation.

Please indicate if you have an advanced directive by initialing below.

_____ **Yes**, I do have an Advanced Directive

_____ **No**, I do not have an Advanced Directive

I acknowledge that I have received a copy of the Pankratz Eye Institute/Columbus Eye Surgery Center Patient Rights and Responsibilities.

Patient’s Signature: _____ Date: _____

Acknowledgment must be signed by the patient, or by the nearest relative in the case of a minor, or when the patient is physically or mentally incompetent.

I (we) hereby certify that I am the parent, guardian, custodian or nearest relative of the patient and have signed this acknowledgement on their behalf.

Signed: _____ Date: _____

Relationship to patient: _____

Above signature witnessed

Verbal verification of above signature obtained

ASC staff signature: _____ Date: _____

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