

Patient's Bill of Rights and Responsibilities

We believe our patients, and/or a surrogate, have certain rights when visiting our office as well as certain responsibilities to our office. Below is a summary of these rights and responsibilities. All employees should become familiar with these rights and responsibilities and adhere to them in the performance of their job responsibilities.

You have the right:

- Be informed of patient rights during the admission process.
- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity
- Personal and informational privacy and security for self and property
- Have a surrogate exercise the Patient Rights when you are unable to do so, without coercion, discrimination or retaliation.
- Confidentiality of records and disclosures and the right to access information contained in your clinical record within a reasonable time when requested. Except when required by law, you have the right to approve or refuse the release of records.
- Information concerning your diagnosis, treatment and prognosis, to the degree known.
- Participate in decisions involving your healthcare and be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to services.
- Make informed decisions about medical care and treatment, including the right to accept or refuse medical or surgical treatment after being adequately informed of the benefits, risks and alternatives in advance, without coercion, discrimination or retaliation
- Self-determination including the rights to accept or to refuse treatment and be informed of the medical consequences of refusing and the right to formulate an advance directive.
- Competent, caring healthcare providers who act as your advocate and treat your pain as effectively as possible.
- To change Providers upon request if another qualified Provider is available.
- Know the identity and professional status of individuals providing service and be provided with adequate education regarding self-care at home, written in language you can understand.
- To be provided interpretation services in your primary language upon request.
- Be free from unnecessary use of physical or chemical restraint and or seclusion as a means of coercion, convenience or retaliation.
- Receive an itemized bill for all services within a reasonable period of time and be informed of the source of reimbursement and any limitation or constraints placed upon your care and inquire about the possibility of financial aid.
- Know the reason(s) for your transfer either inside or outside the facility.
- Impartial access to treatment regardless of race, color, national origin, age, sex, ethnicity, religion, sexual orientation or disability.
- Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.
- To report any comments and receive fair follow-up on your comments concerning the quality of services provided to you or file a grievance without discrimination or reprisal and have those complaints and grievances addressed with the facility, the health department or the Medicare Beneficiary Ombudsman
- Have the health clinic comply with the directives unless the clinic notifies the patient of the inability to do so
- Be free from abuse, neglect and exploitation

Register a complaint with:

<p>Anna McGrain, Administrator 402-397-9800 x 1184 Elizabeth Primeau, Outpatient Surgery Manager 402-397-7178 x 1113</p>	<p>DHHS Division of Public Health Investigations 1033 O Street, Suite 500 Lincoln, NE 68508 402-471-0175</p>	<p>Office of Medicare Beneficiary Ombudsman: medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html</p>
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You have the responsibility:

- To keep your appointments.
- To provide complete and accurate information about your past health.
- To let us know if you do not understand or cannot follow our health care instructions.
- To cooperate fully in the treatment program you and your doctor have agreed to.
- To inform us about any living will, medical power of attorney or other advanced directive that could impact your care.
- To be prompt in payment of your account.
- To provide all information necessary to qualify for any financial assistance you may request.
- To provide information about current medication or treatment being rendered by other physicians.
- To provide us with accurate demographic information including phone number, address, employer information and insurance information.
- To be respectful of our staff and other patients in the facility for treatment.
- To designate and provide a responsible adult to provide transportation home and remain with you if directed by your Provider.

Disclosure of Ownership:The Urology Center, P.C. including our Ambulatory Surgery Center, is owned and operated by Drs. Koukol, Morton, Lim, Leu, Hill, Davies, Bishay, Corder and Dwyer. Any services that you receive at this location are a part of the operations of The Urology Center, P.C.