

## **BILL OF RIGHTS**

### **AS A PATIENT, PATIENT SURROGATE, OR REPRESENTATIVE, YOU HAVE THE RIGHT TO:**

1. Be treated with respect, consideration, and dignity.
2. Personal privacy.
3. Receive care in a safe setting.
4. Be free from all forms of abuse or harassment.
5. Be free from any act of discrimination or reprisal.
6. Voice grievances regarding treatment or care that is (or fails to be) furnished.
7. Be fully informed about a treatment or procedure and the expected outcome before it is performed.
8. Be provided, to the degree known, information concerning their diagnosis, evaluation, treatment, and prognosis. When it is 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.
9. If judged incompetent under applicable state laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
10. If a state court has not adjudged a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.
11. Be provided with verbal and written notice of the patient's rights in a language and manner that ensures that all rights are understood.
12. Have available to them the following information:
  - Patient rights
  - Patient conduct, responsibilities, and participation
  - Services available at the organization
  - Provisions for after-hours and emergency care
  - Fees for service
  - Payment policies
  - Advance Directives, as required by state or federal law and regulations
  - Credentials of the health care professionals
  - Absence of malpractice coverage, if applicable
  - How to voice grievances regarding treatment or care
  - Methods for providing feedback, including complaints
13. Know that Dr. Jonathan Skarie and Dr. Krysta Beshaler have ownership and financial interest in Ohio Eye Associates. To contact them at 466 S. Trimble Road, Mansfield, OH, call 419-756-8000.
14. The name, address, and telephone number of a representative in the state agency to whom patients can report complaints as well as the website for the Office of the Medicare Beneficiary Ombudsman:  
**The Ohio Department of Health, 246 N. High St., 3rd Floor, Columbus, OH 43215 Phone 1-800-342-0553 Fax 1-614-564-2422 Website: [www.odh.ohio.gov](http://www.odh.ohio.gov) Email: [hccomplaints@odh.ohio.gov](mailto:hccomplaints@odh.ohio.gov)**  
**Website for the Office of the Medicare Beneficiary Ombudsman: [www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman](http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman) Medicare Beneficiary Ombudsman 1-800-633-4227**
15. Written information concerning policies on advance directives, including a description of applicable state health and safety laws and, if requested, official state advance directive forms.
16. Make informed decisions regarding the patient's care.

## **BILL OF RIGHTS** *(continued)*

17. Have documented in a prominent part of the patient's current medical record whether or not the individual has executed an advance directive.
18. Change providers if other qualified providers are available.
19. An established grievance process including the following:
  - All alleged violations/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse, must be fully documented.
  - All allegations must be immediately reported to a person in authority in the practice.
  - Only substantiated allegations must be reported to the state authority or local authority or both.
  - The grievance process must specify timeframes for review of the grievance and the provision of a response.
  - The practice must investigate all grievances regarding treatment or care that is (or fails to be) furnished.
  - The practice must document how the grievance was addressed, as well as provide the patient, patient's surrogate, or patient's representative with written notice of its decision. The decision must contain the name of a practice contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the grievance process was completed.

## **PATIENT RESPONSIBILITIES**

### **AS A PATIENT, YOU ARE RESPONSIBLE FOR:**

1. Providing complete and accurate information to the best of your ability about your present health, past medical history, any medications, including over-the-counter products and dietary supplements, any allergies or sensitivities and insurance benefits and reporting any unexpected changes to the appropriate practitioner(s).
2. Indicating whether or not you clearly understand a contemplated course of action and what is expected of you and asking the provider when you do not understand instructions about your plan of care.
3. Fully participating in decisions involving your own healthcare and to accept the consequences of these decisions if complications occur. If adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf. If not of age or not an emancipated minor, mentally incompetent, or under the influence of drugs or sedative so that the patient might not be aware of what he/she is doing, then one of the following persons should sign in the order given: court appointed guardian, if any; spouse; if no spouse, parents; if no parents, brother or sister.
4. Following the treatment plan prescribed by your provider and participating in your care.
5. Providing a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.
6. Accepting personal financial responsibility for any charges not covered by your insurance.
7. Behaving respectfully toward all the health care professionals and staff, as well as other patients.
8. Following the facility's rules and regulations.
9. Accepting personal financial responsibility/obligations to Ohio Eye Associates expediently including accepting personal financial responsibility for any charges not covered by your insurance.
10. Providing information about and/or copies of and Advance Directives such as a Living Will or Power of Attorney or other directive that you want Ohio Eye to know about.

***If you have any questions regarding your responsibilities, please discuss with Providers or Practice Manager.***