

## CATARACT & LASIK CENTER OF UTAH

175 N. 400 W. SUITE C-10

OREM, UT 84057

(801)224-6767

### PATIENT RIGHTS AND RESPONSIBILITIES (PATIENT COPY)

The Cataract & Lasik Center of Utah has established this Patient's Bill of Rights as a policy with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his/her physician, and the facility organization. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationship takes on a new dimension when care is rendered within an organized structure. Legal precedent has established that the facility itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

No catalog of rights can guarantee the patient the kind of treatment he has a right to expect. This facility has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients. All these activities must be conducted with an overriding concern for the patient, and above all, the recognition of his/her dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.

#### AS A PATIENT, YOU HAVE THE RIGHT TO:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- Person and informational privacy and security for self and property.
- Have a surrogate (parent, legal guardian, person with medical power of attorney) 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. 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.
- Make decisions about medical care, including the right to accept or refuse medical or surgical treatment without coercion, discrimination or retaliation.
- Competent, caring healthcare providers who act as your advocates and treats your pain as effectively as possible.
- 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.
- Be free from unnecessary use of physical or chemical restraint and or seclusion as a means of coercion, convenience or retaliation.
- Know the reasons for transfer either inside or outside the facility.
- Impartial access to treatment regardless of race, age, color, sex, national origin, religion, handicap, or disability.
- Receive an itemized bill for all services within a reasonable period of time and be informed of the source of reimbursement and any limitations or constraints placed upon your care.
- Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.
- Know the reason(s) for your transfer either inside or outside the surgery center.
- Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.
- File a grievance with the facility by contacting the Clinical Director, via telephone or in writing, when you feel your rights have been violated.

Steve Wood, CST, Clinical Director  
Cataract & Lasik Center of Utah  
175 N. 400 W. Suite C-10  
Orem, UT 84057  
Phone: (801)224-6767

- File a complaint of suspected violations of health department regulations and/or patient rights. Complaints may be filed at:

HealthInsight  
Corporate/Utah Office-Salt Lake City  
348 East 4500 South, Suite 300  
Salt Lake City, UT 84107  
Phone: (801)892-0155  
Fax: (801)892-0160

Office of the Medicare Beneficiary Ombudsman:  
<http://www.cms.hhs.gov/center/ombudsman.asp>  
Phone: (800)MEDICARE

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

- Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate physicians(s).
- Following the treatment plan recommended by the primary physician involved in your case.
- Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
- Indicating whether you clearly understand an contemplated course of action, and what is expected of you, and ask questions when you need further information.
- Your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions relating to your care.
- Ensuring that the financial obligations of your healthcare are fulfilled as expediently as possible.

### ADVANCE DIRECTIVE NOTIFICATION

In the State of Utah, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. The Cataract & Lasik Center of Utah respects and upholds those rights.

However, unlike in an acute care hospital setting, the Cataract & Lasik Center of Utah does not routinely perform "high risk" procedures. While no surgery is without risk, most procedures performed in this facility are considered to be of minimal risk.

You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with

your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

### **Have you executed an advance health care directive, a living will and/or a power of attorney that authorizes someone to make health care decisions for you?**

Please check the appropriate box(es) below:

- Yes**, I have an advance health care directive, living will and/or a power of attorney.
- I have provided my advance health care directive, living will and/or a power of attorney to the Cataract and Lasik Center of Utah.
- No**, I do not have an advance health care directive, living will and/or a power of attorney.
- I would like additional information on advance health care directives.

If you wish to have a copy of your Advance Directive as part of your medical record at this facility, it is your responsibility to provide us with a copy.

If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

### DISCLOSURE OF OWNERSHIP

The Cataract & Lasik Center of Utah is privately owned and managed by Jamie M. Monroe, MD. Her investment enables her to have a voice in the administration of policies of this facility. This involvement helps to ensure the highest quality of surgical care for our patients. Your physician has a financial interest in this facility.