

PATIENT BILL OF RIGHTS

AS A PATIENT, YOU HAVE A RIGHT TO:

- Access to impartial treatment without regard to age, race, religion, sex, national origin, marital status, sexual preference, physical handicap, personal values/beliefs, or source of payment. Any treatment decisions based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Considerate, respectful and dignified care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Personal and informational privacy and security for self and property.
- Receive information in a manner that is understandable. Written information provided will be appropriate to your age, understanding, and as appropriate your language. Interpreter services are available as needed, if requested.
- Receive written disclosure regarding physician financial interest or ownership at SLES LC.
- Receive information from your physician concerning your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. In the event it is medically inadvisable to inform the patient of such information, the information shall be provided to the patient's legal representative or surrogate.
- Receive from your physician enough information so that you may understand the services being rendered in order to sign the informed consent.
- Refuse treatment and to be informed of the consequences of declining treatment.
- Participate in the development and implementation of your plan of care and actively participate in decisions regarding your medical care. In the event it is contraindicated for medical reasons to have the patient participate in decisions regarding his/her healthcare, communication must be made with the patient's legal representative or surrogate.
- Receive information concerning any research that will be conducted during your treatment and to refuse participation in research without coercion, discrimination or retaliation.
- Receive information regarding any persons, other than routine personnel, that would be observing and/or participating in your treatment and to refuse that observation and/or participation without coercion, discrimination or retaliation.
- Obtain credentialing information for health care providers upon request.
- Change providers if other qualified providers are available.
- Confidential medical records and to refuse the release of their medical records to persons outside the facility except: as required due to a transfer to another healthcare facility, as required by law, or required by third party payment contract.
- Inspect or receive, for a reasonable fee, a copy of your medical record upon request.
- Receive and examine an explanation of your bill regardless of the source of payment and to receive, upon requesting information related to financial assistance available through the SLES LC.
- Be informed that SLES LC does not honor Advance Directive(s). In the event of a cardiac/respiratory arrest or other life threatening situation, SLES LC will initiate resuscitative or other life-sustaining measures and transfer you, along with your Advance Directive(s), to an acute care hospital for further evaluation.
- Have your patient rights exercised by your legal representative or surrogate acting on your behalf.
- Exercise your patient rights without discrimination or retaliation.
- Express a complaint/grievance or concern regarding your care at any time before, during, or following your procedure, either verbally or in writing. You are entitled to information about SLES LC's policies and procedures for initiation, review, and resolution of a patient complaint/grievance. Complaints may be sent to:

Claire Lauber, Executive Director
St. Louis Eye Surgery and Laser Center
12990 Manchester Road, Suite 103
Des Peres, MO 63131
(314) 686-4200

Missouri Department of Health and Senior Services
Bureau of Ambulatory Care
P.O. Box 570
Jefferson City, MO 65102
(573) 751-1588
Email: BAC@health.mo.gov

The Office of Medicare Beneficiary Ombudsman by calling: 1-800-MEDICARE (1-800-633-4227) or by visiting the website:
<https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

AS A PATIENT, YOU ARE RESPONSIBLE FOR:

- Providing accurate and complete information concerning your present complaints, past medical history, medications, including over-the-counter products and dietary supplements, allergies or sensitivities and other matters relating to your health.
- Following and participating in the treatment plan established by your physician.
- Keeping appointments and for notifying SLES LC and your physician when you are unable to do so.
- Providing a responsible adult to transport you home from the facility and remain with you for twenty-four (24) hours unless exempted from that requirement from your physician.
- Your actions should you refuse treatment or not follow your physician's orders.
- Assuring that the financial obligations of your care are fulfilled as promptly as possible.
- Following SLES LC policies and procedures affecting patient care and conduct.
- Being considerate of the rights of other patients and facility personnel.
- Respecting the property of others and property of SLES LC.
- Informing SLES LC about your Advance Directive(s) and providing the center with a copy of your Advance Directive(s), when applicable.