

Physicians Eye Surgery Center, LLC

Patient Rights and Responsibilities

You Have the Right to:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- Personal and informed privacy, within the law.
- 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
- Be fully informed concerning your procedure, treatment and expected outcomes to the degree known before it is performed.
- The opportunity to participate in informed decisions involving your health care.
- Access to treatment regardless of age, race, sex, color, national origin, religion, handicap, culture, economic status, source of payment or disability.
- Confidentiality of records and disclosures. Except when required by law, you have the right to approve or refuse the release of records.
- Know the identity and professional status of individuals providing service.
- Report any comments concerning the quality of services provided to you during the time spent at the facility and to receive fair follow-up on your comments without being subjected to discrimination or reprisal.

Advance Directives:

- This facility is not an acute care facility; therefore regardless of the contents of any advanced directive or instructions from a healthcare surrogate or attorney, if an adverse event occurs during your treatment, we will initiate resuscitative or any other stabilizing measures and transfer you to an acute care setting for further evaluation. A copy of your advance directive will be transferred to the acute care setting with you if you have provided one. Your agreement with this policy does not revoke or invalidate any current health care directives or healthcare power of attorney.

Your Responsibilities:

- Provide accurate, complete information about present conditions, past illnesses, hospitalizations, medications and other matters related to your health.
- Follow the treatment plan recommended by the primary surgeon.
- Indicate whether you clearly understand the contemplated course of action and what is expected of you.
- Your actions if you refuse treatment, leave the facility against the advice of your surgeon or anesthesiologist and/or do not follow the surgeon's instructions related to your care.
- Assure that the financial obligations of your health care are fulfilled as expediently as possible.
- **Have a responsible adult to transport you home after surgery and be responsible for your care after surgery.**

Physician Financial Interest:

- Your surgeon may have a financial interest in Physicians Eye Surgery Center, LLC. John Boatwright, MD, Paul Herring, MD, Thomas Mather, MD, Robert Reuther, MD, Thomas Newland, MD, Kerry Solomon, MD, Gene Howard, MD, John Thompson, MD, Eric Jablon, MD, Leslie Scarlett, MD, Berdine Burger, MD, and Charlene Grice, MD, have a financial interest in Physicians' Eye Surgery Center.

If you have any questions regarding your rights, please discuss your concerns with us or call our Administrator at 843-571-4800 extension 101. If you have unresolved complaints or issues please contact:

Department of Health and Environmental Control
Division of Health Licensing
2600 Bull Street
Columbia, SC 29201-1708
803-545-4370 or 803-545-4212

And/or <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

I have received in writing the above information prior to my procedure.

Patient Signature

Date