

THE CENTER FOR OUTPATIENT MEDICINE, LLC
PATIENT BILL OF RIGHTS
PEOPLE'S RIGHTS AS PATIENTS

In recognition of the responsibility of this facility in the rendering of patient care, these rights are affirmed in the policies and procedures of **The Center for Outpatient Medicine, LLC**. **The patient or the patient's representative will be informed of these rights and The Center for Outpatient Medicine will protect and promote the exercise of these rights.**

To be treated with respect, consideration and dignity regardless of psychosocial, spiritual and/or cultural values

To feel secure of self and property

To be provided physical access to the facility for the physically and visually impaired

To obtain the name and function of any person providing services to you

To be provided with personal privacy and receive care in a safe setting

To be free from all forms of abuse, harassment, and any act of discrimination or reprisal.

To expect that all information gathered during treatments, disclosures, and records are treated confidentially, except when required by law, and to be given the opportunity to approve or refuse their release

To be provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, prognosis, and expected outcome before the procedure or treatment is performed. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient to be a legally authorized person. If a patient is adjudged 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 patients behalf. If a state court has not adjusted a patient incompetent, any legal representative or surrogate designated by the patient in accordance with state law may exercise the patient's right to the extent allowed by state law.

To be given opportunity to make informed decisions and participate in decisions involving their health care, except when participation contraindicated for medical reasons

To receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment, except in emergencies. Such information for informed consent should include the specific procedure and/or treatment, significant medical risks involved, and the probable duration of incapacitation. Where significant alternatives for medical care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information and the consequences of not complying with therapy. The patient has the right to know the name of the person responsible for the procedures and/or treatment. The patient has the right to change providers if other qualified providers are available.

To refuse treatment and be informed of consequences of refusing treatment or not complying with therapy

To voice complaints or grievances regarding treatment or care that is or fails to be furnished. These complaints and grievances will be reviewed, and, when possible, resolved

To be informed as to:

Expected conduct and responsibilities as a patient
Services available from the facility
Provisions for after-hours and emergency care
Fees for services
Payment policies
Advanced Directives, as required by prevailing laws and regulations

To expect:

Their reports of pain will be believed
Information about pain and pain relief measures
A concerned staff committed to pain prevention and management
Health professionals who respond quickly reports of pain
Effective pain management

To be informed as to:

Methods for expressing grievance,
Complaints, or suggestions to the facility:
Contact Sarah Gardner at (309)662-6120 ext 207
or sarahe1590@aol.com

To be informed as to:

Procedure for reporting health concerns
to the appropriate authorities at:
Illinois Department of Public Health
Division of Health Care Facilities and Programs
525 West Jefferson Street, 4th Floor
Springfield, Illinois 62761-0001
Phone: (800) 252-4343

To be informed as to:

Office of Medicare Beneficiary Ombudsman
Phone: 1-800-633-4227
Internet: www.medicare.gov or www.cms.hhs.gov/center/ombudsman

The public may contact the Accreditation Association for Ambulatory Health Care (AAAHc) to report any concerns or register complaints by either calling 1.847.853.6060 or emailing info@aaahc.org.

***RESPONSIBILITIES OF THE PATIENT
THE CENTER FOR OUTPATIENT MEDICINE, LLC.***

All patients and their families are responsible for behavior that shows respect and consideration for the organization's staff and their property, as well as other patients and visitors and their property.

All patients and families are responsible for being considerate of the organization's property.

All patients are responsible for following the organization's rules and regulations.

All patients are responsible for assuring that the financial obligations for health care services rendered that are not covered by his/her insurance are repaid in a timely manner.

All patients are responsible for understanding the consequences of treatment alternatives and not following the proposed course.

All patients are responsible for their actions if they should refuse a treatment or procedure, or if they do not follow or understand the instructions given them by the physician or their health care team member.

All patients have the responsibility to provide the facility with complete and accurate information to the best of their ability about their health, past and present medical history about present complaints, past illnesses, hospitalizations, surgeries, existence of advance directives, medications, including over the counter products and dietary supplements, allergies or sensitivities, and other pertinent data.

All patients must report perceived risks in their care and unexpected changes in their condition.

All patients are responsible for expressing any concerns about their ability to follow and comply with the proposed care plan or course of care, treatment, and services.

All patients have the responsibility to follow the agreed-upon treatment plan as given to him/her by the physician at the facility or other personnel authorized by the facility to instruct patients and participate in his/her care

All patients are responsible for asking questions when they do not understand their care, treatment, and service or what they are expected to do.

All patients are responsible for keeping their appointment for surgery. If they anticipate a delay or must cancel surgery, please notify the facility as soon as possible.

All patients are responsible for carrying out their pre-operative orders as supplied by the facility.

All patients are responsible for the disposition of their valuables as the facility does not assume this responsibility.

All patients are responsible for asking their doctor or nurse what to expect regarding pain and pain management.

All patients are responsible for discussing pain relief options with their providers and nurses.

All patients are responsible for working with their provider and nurse to develop a pain management plan.

All patients are responsible for asking for pain relief when pain first begins.

All patients are responsible for helping their provider and nurse assess their pain.

All patients are responsible for telling their provider or nurse if their pain is not relieved.

All patients are responsible for telling their provider or nurse about any concerns they have about taking pain medication.

All patients are responsible for providing a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.