

# Eye Surgery Center

O F M I C H I G A N

## PATIENT RIGHTS AND RESPONSIBILITIES

### THE PATIENT HAS THE RIGHT TO:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- Personal 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.
- Participate in decisions involving your healthcare and be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to services.
- Make decisions about medical care, including the right to accept or refuse medical or surgical treatment after being adequately informed of the benefits, risks and alternatives, without coercion, discrimination or retaliation.
- Self-determination including the rights to accept or to refuse treatment and the right to formulate an advance directive.
- Competent, caring healthcare providers who act as your advocates and treat 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 reason(s) for your transfer either inside or outside the facility.
- Impartial access to treatment regardless of race,

color, age, sex, sexual orientation, national origin, religion, handicap or disability.

- Free from all forms of abuse or harassment.
- To change providers if other qualified providers are available.
- 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.
- 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.
- Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.

### PATIENT COMPLAINT OR GRIEVANCE

To report a complaint or grievance you can contact the facility:

Administrator by phone at 248-619-2020 or by mail at: Eye Surgery Center of Michigan  
3455 Livernois Road  
Troy, MI 48083

State of Michigan Office of Investigations at:  
State Department of Health  
1-800-882-6006

P.O. Box 30664 Lansing, MI 48909

Attn: LARA Complaint  
Intake Unit Manager

<https://www.michigan.gov/lara/bureau-list/bchs/nav-longterm-care/forms/health-facility-complaint-form>

Office of the Medicare Beneficiary Ombudsman  
<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

Accreditation Association for Ambulatory Health Care  
(AAAHC)  
1-847-853-6060

### DISCLOSURE OF OWNERSHIP

Midwest Vision Partners, LLC

500 W Madison Street, Suite 3110

# Eye Surgery Center

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Chicago, IL 60661

## **PATIENT RESPONSIBILITIES:**

- Providing, to the best of your knowledge, accurate and complete information about your present health status, including any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
- Providing, to the best of your knowledge, past medical history and reporting any unexpected changes in health to the appropriate physician(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 a contemplated course of action, and what is expected of you, and ask questions when you need further information.
- The responsibility to behave respectfully toward all healthcare professionals and staff, as well as other patients and visitors.
- 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.
- Providing information about, and/or copies of any living will, power of attorney or other directive that you desire us to know about.

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 communicate decisions. The Eye Surgery Center of Michigan respects and upholds those rights. However, unlike in an acute care hospital setting, The Eye Surgery Center of Michigan does not routinely perform "high risk" procedures. Most procedures performed in this facility are of minimal risk. Of course, no surgery is without 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. If you wish to complete an Advance Directive, copies of the official State forms are available at our facility. If you do not agree with this facility's policy, we will be pleased to assist you in rescheduling your procedure.

## **ADVANCE DIRECTIVE NOTIFICATION:**

In the State of Michigan, all patients have the right to participate in their own health care decisions and to make Advance Directives or to execute Powers of