

# **Patients Rights**

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

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- Personal and informational privacy.
- Confidentiality of records and disclosures. 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.
- The opportunity to participate in decisions involving your healthcare.
- Competent, caring healthcare providers who act as your advocates.
- Know the identity and professional status of individuals providing service.
- Adequate education regarding self-care at home written in language you can understand.
- Make decisions about medical care, including the right to accept or refuse medical or surgical treatment.
- Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap, or disability.
- Receive an itemized bill for all services.
- File a grievance with the facility by contacting the Clinical Director at (509) 922-3937.
- 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.

## **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 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.
- 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

-Washington dept of health- 1-800-525-0127

-Spokane Regional Health District 1101 W. College Ave Spokane, WA 99210 (509)-324-1500 Mark Richard (chair)  
Board of Health

- Medicare- [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

### **Notice to Patients**

Your surgery has been scheduled at Empire Eye Surgery Center. This Facility is  
Owned and operated by Dr. Christopher Sturbaum and Dr. Mark Kontos.

If you have any questions about the proprietary interest these doctors have in  
this facility please ask to speak to the Clinical Director.