

Patient's Rights and Notification of Physician Ownership

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN HIS/HER CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE OR SURROGATE IN ADVANCE OF THE PROCEDURE/SURGERY.

PATIENT'S RIGHTS:

- To have the Surgery Center respond to your requests and needs for treatment or service, and to receive the care that reflects your interest and has been determined by your physician.
- To be free from any act of discrimination or reprisal, including impartial access to treatment regardless of race, color, sex, national origin, religion, sexual orientation, handicap, or disability. The surgery center adheres to all federal and state rules, regulations, and policies to promote a non-discriminatory environment for all of our patients.
- To considerate, respectful care at all times and under all circumstances, with recognition of your personal dignity.
- To personal and informational privacy, within the law, including confidentiality of records and disclosures.
- To be directly given information concerning your diagnosis, evaluation, treatment, and prognosis, to the degree known, or given to a legally authorized person or person designated by you.
- To language interpreter services which are available upon request.
- To receive care in a safe setting.
- To be treated under the least restrictive conditions and not be subject to unnecessary physical restraint or isolation.
- To be fully informed about a treatment or procedure and the expected outcome before it is performed.
- To be informed of benefits, possible side effects, and risks of medications and treatment procedures.
- To participate in and make decisions about medical care, including the right to accept or refuse medical or surgical treatment explained on terms that are understandable to you.
- To be informed of the Surgery Center's policy on advance directives, state health and safety laws, and to receive the official state advance directive forms, if requested.
- To receive medications only for your clinical needs.
- To be free from all forms of abuse or harassment.
- To be informed of the facility's rules and regulations regarding his or her conduct.
- To continuity of care, including appropriate follow-up care planned and initiated at the time of discharge.
- To change providers if other qualified providers are available.
- To receive estimated costs prior to the day of surgery and, as a follow up, receive an itemized bill for all services received.
- To examine and receive an explanation of his/her bill regardless of source of payment.
- To know that your physician may have financial interests or ownership in the Surgery Center. A list of physician owners is provided.
- To know the identity and professional status of individuals providing service to you.
- To report any complaints or voice any grievances concerning the quality of services provided to you during the time spent at the facility without being subjected to discrimination or reprisal and receive timely and fair follow-up.
- To appropriate assessment and management of pain.
- Regarding care of the pediatric patient, to be provided supportive and nurturing care which meets the emotional and physiological needs of the child and for the participation of the caregiver in decisions affecting medical treatment.

PATIENT'S RESPONSIBILITIES:

- For providing, to the best of your knowledge, accurate and complete information about your present health status, past medical history, any medications taken, including over-the-counter products and dietary supplements, any allergies or sensitivities, and reporting any unexpected changes to the appropriate practitioner(s).
- For following the agreed-upon treatment plan prescribed by your provider and participating in your care.
- For providing a responsible adult to transport you home after surgery and to be responsible for you at home for the first 24 hours after surgery.
- For indicating whether you clearly understand a contemplated course of action and what is expected of you.
- For your actions and adverse consequences that may result if you refuse treatment, leave the facility against the advice of the practitioner, and/or do not follow the practitioner's instructions relating to your case.
- For behaving respectfully toward all healthcare professionals and staff, as well as other patients and visitors, and be considerate of the rights of other patients, visitors, and facility personnel.
- For assuring that your portion of financial payment is submitted as quickly as possible.
- For accepting personal financial responsibility for any charges not covered by insurance.
- For providing information about and/or copies of any living will, power of attorney or other advance directives that you desire us to know about.
- For refraining from smoking on campus.
- For keeping appointments and notifying the physician or facility when unable to do so.
- For disposition of patient valuables.
- In the case of pediatric patients, a parent or guardian is responsible to remain in the facility for the duration of the patient's stay in the facility. The parent or legal guardian is responsible for participating in decision making regarding the patient's care.

If you need an interpreter:

If you will need an interpreter, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

Statement of Nondiscrimination:

Lincoln Park Center for Advanced Orthopedic Surgery complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Lincoln Park Center for Advanced Orthopedic Surgery cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Lincoln Park Center for Advanced Orthopedic Surgery przestrzega obowiązujących federalnych przepisów dotyczących praw obywatelskich i nie dyskryminuje ze względu na rasę, kolor skóry, pochodzenie narodowe, wiek, niepełnosprawność lub płeć.

Lincoln Park Center for Advanced Orthopedic Surgery 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Advance Directives

You have the right to information regarding Advance Directives and this facility's policy on Advance Directives. Applicable state forms will be provided upon request.

The surgery center is not an acute care facility; therefore, regardless of the contents of any advance directive or instructions from a health care surrogate, if an adverse event occurs during treatment, patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family. If they have been provided to the surgery center, a copy of the patient's Advance Directives will be sent to the acute care facility with the patient.

Per Illinois law: "If the policies of a health care facility preclude compliance with a decision to forgo life-sustaining treatment, the facility shall take all reasonable steps to assist the patient or surrogate in effectuating the timely transfer of the patient to a facility in which the decision can be carried out." Illinois laws regarding advance healthcare directives presented in this policy can be found in Illinois Statutes: Health Care Surrogate Act: 755 ILCS 40; Living Will Act: 755 ILCS 35.

Complaints/Grievances

If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and/or agencies you may contact:

Lauren Pries, Administrator
331 W. Surf Street, Suite 5800
Chicago, IL 60657

You may contact the state to report a complaint;

State Web site: <https://dph.illinois.gov/topics-services/health-care-regulation/complaints.html>

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman.

Medicare Ombudsman Web site: <https://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home>

Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

Office of the Inspector General: <http://oig.hhs.gov>

This facility is accredited by The Joint Commission. Complaints or grievances may also be filed through The Joint Commission:

<https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/>

Physician Financial Interest and Ownership

The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

THE FOLLOWING PHYSICIANS HAVE A FINANCIAL INTEREST IN THE CENTER:

Jeffery Ackerman, Richard Berger, Kevin Chen, Michael Chioffe, Matthew Colman, Craig Della Valle, David Garelick, David Guelich, Vasili Karas, Ari Kaz, Denis Nam, Ellis Nam, William Vitello, Nathan Wetters