

BELLIN ORTHOPEDIC SURGERY CENTER

PATIENT'S BILL OF RIGHTS

- The PATIENT has the right to be treated with consideration, respect, and dignity.
- The PATIENT and/or the PATIENT REPRESENTATIVE has the right to all complete and current information concerning their diagnosis and treatment and in terms that he/she can understand. The PATIENT has the right to know the person or persons responsible for coordinating their care. If not medically advisable to give information to the patient, the information shall be made available to an appropriate person in the patient's behalf.
- The PATIENT had the right to receive from the physician enough information so that he/she may understand the services being rendered in order to sign the informed consent.
- The PATIENT has the right to refuse treatment and to be informed of the consequences of his/her actions.
- The PATIENT has the right to privacy of any information or treatment concerning his/her own medical care.
- The PATIENT has the right to be informed of any persons other than routine personnel that would be observing or participating in his/her treatment and to refuse that observation and/or participation.
- The PATIENT has the right for all medical records to be treated as confidential and given the opportunity to approve or refuse their release unless it would be cause a negative outcome in the continuation of medical care.
- The PATIENT has the right to information concerning the facility to which he/she may have to be transferred. The facility, that the patient is to be transferred to, must give approval prior to the patient transfer.
- The PATIENT has the right to know if any research will be done during his/tier treatment and has the right to refuse it.
- The PATIENT has the right to expect quality care and service from BELLIN ORTHOPEDIC SURGERY CENTER.
- The PATIENT has the right to be informed of the mechanism by which he/she will have continuing health care following discharge from BELLIN ORTHOPEDIC SURGERY CENTER.
- The PATIENT has the right to examine and receive an explanation of their bill, regardless
- of the source of payment.
- The PATIENT has the right to exercise his or her rights without being subjected to discrimination or reprisal.
- The PATIENT has the right to be free from all forms of abuse or harassment
- The PATIENT has the right to know, in advance, the expected amount of his/her bill, regardless of the source of the payment.
- The PATIENT has the right to know what BELLIN ORTHOPEDIC SURGERY CENTER Rules and Regulations apply to his/her conduct as a patient.

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PATIENT RESPONSIBILITIES

- It is the PATIENT'S responsibility to read and understand all permits and/or consents to be signed: Either ask the nurse or physician to clarify any information not understood about your care or services.
- It is the PATIENT'S responsibility to provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- It is the PATIENT'S responsibility to notify the BELLIN ORTHOPEDIC SURGERY CENTER if you have a living will, medical power of attorney or other directive that could affect your care.
- It is the PATIENT'S responsibility to follow the treatment plan prescribed by his/her provide and to notify BELLIN ORTHOPEDIC SURGERY CENTER on admission if pre-operative instructions have not been followed.
- The PATIENT is responsible for your actions if you refuse treatment or do not follow preoperative instructions.
- It is the PATIENT'S responsibility to provide adult transportation to and from BELLIN ORTHOPEDIC SURGERY CENTER and remain with you for 24 hours, appropriate to the medications and/or anesthesia to be given and according to preoperative instructions.
- It is the PATIENT'S responsibility to follow the post-operative instructions given by the physician(s) and/or nurses. This includes instructions regarding post-operative appointments.
- It is the PATIENT'S responsibility to contact the physician if any complications occur.
- It is the PATIENT'S responsibility to assure all payments for service rendered are on a timely basis and ultimate responsibility is the patients, regardless of the insurance coverage.
- It is the PATIENT'S responsibility to provide financial and/or insurance information regarding who will be responsible for the bill including current address and authorized contact information.
- It is the PATIENT'S responsibility to notify the administration of BELLIN ORTHOPEDIC SURGERY CENTER, if the PATIENT or the PATIENT REPRESENTATIVE thinks their right(s) have been violated or if the PATIENT has a significant complaint.
- It is the PATIENT'S responsibility and those accompanying the PATIENT to be respectful of all health care providers and staff, as well as other patients and follow the Center's policies.
- PATIENTS and/or PATIENT REPRESENTATIVES should contact the Office of the Medicare Beneficiary Ombudsman. www.cms.hhs.gov/center/ombudsman.asp or the State of Wisconsin Division of Quality Services @ 608-266-8481 if they have a concern or complaint.