



CLEVELAND PLASTIC
SURGERY INSTITUTE

Patient Bill of Rights and Notices

CPSI appreciates that most patients want to understand and participate in their health care. Participation is fostered if patients are made aware of their rights and responsibilities; the following document summarizes these rights and responsibilities. When the patient is a minor, these rights also apply to the parent(s) or guardian.

RIGHTS

ACCESS: CPSI treats all patients without regard to age, race, ethnicity, religion, culture, veteran status, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or any other legally protected characteristic.

RESPECT AND DIGNITY: You have the right to respectful, considerate care, with recognition of your personal dignity.

PRIVACY: You have the right to personal privacy during your treatment and care

SECURITY: You have the right to receive care in a safe setting free from abuse and/or harassment.

CONFIDENTIALITY OF MEDICAL RECORD: You have the right to confidentiality of your patient medical record. You have the right to access your designated record set contained in your medical record within a reasonable time of your request.

ADVANCE DIRECTIVES: You have the right to formulate Advance Directives and to have hospital staff who provide care in the hospital comply with them.

IDENTITY: You have the right to know the names and duties of all persons involved in delivering your health care.

INFORMATION: You have the right to complete information about your condition and treatment, in terms you understand. CPSI provides access to an interpreter and/or translation services free of charge.

DECISION MAKING: You have the right to make decisions related to your health care, to participate in ethical questions that arise during your course of care, including conflict resolution, withholding or withdrawing life-sustaining treatment, and participation in investigational studies. You have the right to request treatment and the right to refuse treatment. You have the right to designate someone to make your decisions should you not be able to make them yourself (see Advance Directives).

PAIN MANAGEMENT: You have the right to receive information about pain and pain relief measures from a committed staff of health care providers. Health care providers will respond to your reports of pain and provide pain management therapies as medically indicated.

NOTIFICATION: You have the right to have a family member or support person of your choice and your own physician notified promptly of your admission to the hospital.

RESTRAINTS: You have the right to be free from restraints of any form that are not medically necessary.

FREEDOM OF CHOICE: You have the right to select the providers of your post hospital care; this includes skilled nursing facilities, long-term acute-care hospitals, hospice, acute rehabilitation, durable medical equipment, home infusion companies and home health care agencies.

RESPONSIBILITIES

CONSIDERATION: You are responsible for being considerate and respectful of other patients, visitors and hospital staff by maintaining civil language and conduct in your interactions. You are responsible for following instructions, policies, rules and regulations that support quality care for patients and a safe setting.

KEEPING APPOINTMENTS: You are responsible for keeping appointments, or for calling the doctor or hospital in advance to make other arrangements.

PAIN MANAGEMENT: To help us manage your pain, you must tell your doctor, nurse or caregiver about your pain.

GIVING INFORMATION: You are responsible for giving, to the best of your knowledge, complete and accurate information to your provider to help your care, treatment and services, including information about your health and medical history, any unexpected changes or any perceived risks in your care. It is your responsibility to tell your health care provider or a member of your health care team if you do not understand the treatments you are receiving or if you are unclear about plans for your on-going care.

FOLLOWING INSTRUCTIONS: You are responsible for following instructions as given. You are responsible for asking questions or telling us if you do not understand the instructions, or if you feel you cannot follow them. If you do not follow instructions, you will be responsible for what happens to you.

HEALTH CARE CHARGES: You are responsible for making certain your health care bills are paid as soon as possible and for providing accurate information regarding your place of residence and medical coverage.

COMPLAINT/GRIEVANCE PROCESS: CPSI is committed to providing quality care to our patients and ensuring that their rights are supported. As part of this commitment, we encourage you to share your opinions with us regarding our care and services.

If you have a complaint or concern, we are committed to resolving your concerns quickly and at the first level of contact, whenever possible. We encourage you to share your questions/concerns with a

member of your health care team, physician, unit manager, or you may call the Patient Relations Department directly who will assist you with your concern.

Although we believe that your concerns can be resolved through this process, you may at any time contact:

- The Joint Commission's Office of Quality Monitoring 1-800-994-6610
- The Joint Commission, One Renaissance Blvd., Oakbrook Terrace, IL 60181
- U.S. Department of Health and Human Services Office for Civil Rights (Region V) 1-312-886-2359
- Ohio Department of Health 1-800-669-3534
- Ohio Department of Health, Compliant Unit, 246 North High Street, Columbus OH 43215

NOTICES

FINANCIAL INTEREST: Cleveland Plastic Surgery Institute complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Physician Financial Ownership We are required by Federal law to notify you that physicians have financial interests or ownership in the CPSI Surgery Center. We are required by 42 C.F.R. § 416.50 to disclose this financial interest or ownership in writing prior to the surgical procedure. A list of physicians who have a financial interest in the CPSI Surgery Center is listed below:

Jason Leedy, MD

ADVANCE DIRECTIVE POLICY STATEMENT:

We are required by Federal law to provide the patient, patient representative or surrogate written information concerning its policies on advance directives, including a description of applicable State health and safety laws and if requested, official State advance directive forms. We also must inform the patient, patient representative or surrogate of your right to make informed decisions regarding the patient's care. 42 C.F.R. § 416.50 (c)

I understand that there are several types of advance directives; the two most common forms are living wills and durable power of attorney designation. All patients have the right to participate in their own healthcare decisions and to make advance directives or execute Powers of Attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes.

This Facility will honor the intent of the advance directive to the extent permitted by law, and subject to the limitations on the basis of conscience. This Facility performs elective procedures that generally enhance or improve the patient's quality of life, therefore; in the event of a medical emergency, it is the policy of this Facility to initiate resuscitative measures and transfer the patient to the hospital for further evaluation. At the hospital, further treatments or withdrawal of treatment measures may be exercised in accordance with your Advance Directive or Power of Attorney. If you do not agree with this policy please address this issue with your physician prior to the procedure. This policy applies to all patients having a procedure performed at this facility.