



Plymouth Laser & Surgical Center

Patient Bill of Rights

Plymouth Laser & Surgical Center, P.C. is a Medicare certified, AAAHC accredited outpatient facility. The regulatory standards require that we notify you of your patient rights and responsibilities, physician ownership of the facility, and information regarding advanced directives. Charles T. Post, Jr., M.D. and Daniel J. O'Connor, M.D. have ownership in Plymouth Laser & Surgical Center, P.C. Plymouth Laser & Surgical Center, P.C. is also required to verbally inform and provide you a written copy of your rights and responsibilities as a patient.

PATIENTS HAVE A RIGHT TO:

- Receive considerate and respectful care without regard to race, sex, culture, economic, educational or religious background.
- Receive private and confidential care.
- Know who is responsible for providing their care.
- Ask for and receive complete and understandable information about their condition and surgery.
- Refuse or approve the release of their clinical records to any individual outside the facility, except in the case of transfer to another health facility or as required by law or third party payment contract.
- Designate a person to receive information when medically inadvisable to give such information to the patient.
- Participate in decisions regarding their care. If legally authorized, another person can participate in medical decisions.
- Refuse treatment or leave the facility against the advice of physician. Change physicians.
- Be free from all forms of abuse or harassment.
- Access their medical records, usually within 48 hours. Receive an explanation of their bill.
- Exercise his or her rights without being subject to discrimination or reprisal.
- Receive respect for their cultural and spiritual beliefs.
- Voice concerns or complaints to the Administrator of Plymouth Laser & Surgical Center, P.C. in writing at 40 Industrial Park Road, Plymouth, MA 02360.
- Be notified of the center's policy on Advance Directives, as required by state or federal law and regulations. Do you have an existing Advanced Directive?
- Although we respect patients' rights to designate Advance Directives, it is the policy of the center to suspend the Advanced Directive "Do Not Resuscitate" order temporarily during your stay at our facility. If you do not have an existing Advanced Directive, we would be happy to provide you the information/documentation from the State of Massachusetts to assist you in drafting one.

PATIENTS HAVE A RESPONSIBILITY TO:

- Provide complete and accurate health, medical and insurance information.
- Ask questions when in doubt about the planned surgical procedure or medical condition.
- Communicate changes in their health and/or condition to their health care providers.
- Fulfill their financial obligations as promptly as possible.
- Follow their caregivers' instructions or discuss with them any obstacles in complying with the prescribed treatment plan.
- Accept responsibility for refusing treatment or not following the treatment plan.
- Show consideration for the rights of other patients and facility personnel.
- Follow all surgery center policies and procedures.

All patients shall be offered a copy of the patient rights and responsibilities or have it read to them.

PATIENT COMPLAINT RIGHTS:

- The patient has a right to register a complaint against Plymouth Laser & Surgical Center, P.C. in writing or by calling the Director at 508-746-8600 with a response to the complaint in two business days.
- The patient should provide the physician or the Administrator the specific nature of the complaint and the name and address of the person making the complaint.
- If the complaint is not resolved to the patient's satisfaction he/she has a right to file a grievance with the Massachusetts Division of Health Care Quality concerning the physician, staff and/or the treatment received while a patient of the center.
- The patient can call or contact the Massachusetts Division of Health Care at 99 Chauncey Street, Boston, MA 02111 (Tel: 1-800-462-5540).
- The patient can call or contact the Office of the Medicare Beneficiary Ombudsman at www.medicare.gov.

Do you have an Advance Directive? Yes No
(please check appropriate boxes)

- Do Not Resuscitate
- Health Care Proxy
- Power of Attorney

If yes, you must provide us a copy prior to surgery.

I acknowledge the receipt of the Patient Bill of Rights at least 24 hours prior to surgery.

Patient Name (printed)

Patient Signature

Date

djr/dmg
02/07/11

