

## **PATIENT RIGHTS AND RESPONSIBILITIES**

Spectra Eye Institute observes and respects a patient's rights and responsibilities without regard to age, color, race, sex, marital status, national origin, religion, culture, physical or mental disability, diagnosis, economic status, personal values or belief systems. The patient has the right to exercise his or her rights without subject to discrimination or reprisal; to voice grievance regarding treatment or care that is, or fails to be, furnished; to be fully informed about a treatment or procedure and the expected outcome before it is performed; and to the confidentiality of personal medical information. The patient has the right to personal privacy; to receive care in a safe setting and to be free of all forms of abuse and harassment to include: abuse, neglect, exploitation, coercion, manipulation, sexual abuse, sexual assault, seclusion, and restraint.

### **The patient has the right to:**

- Be treated with respect, consideration and dignity.
- Expect full recognition of individuality, including personal privacy in treatment and care. In addition, all disclosures and records will be treated confidentially and, except when required by law, patients are given the opportunity to approve or refuse their release.
- Participate in decisions involving their health care, except when participation is contraindicated.

If a patient is judged incompetent under applicable state health safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under the state law to act on the patient's behalf.

If a state court has not judged a patient incompetent, any legal representative designated by the patient in accordance with Arizona State law may exercise the patient's right to the extent allowed by law.

- Be provided with complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to the patient, the information shall be provided to a person designated by the patient or to a legally authorized person.
- Be informed of procedures for expressing suggestions, complaints and grievances, including those required by state and federal regulations.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such a refusal. The patient accepts responsibility for their actions should they refuse treatment or not follow instructions of the physician or facility.
- Be informed of any human experimentation or other research/educational projects affecting their care of treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Receive copies of their medical records upon request.
- Be informed of credentials of health care professionals if requested.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Have regular assessment of pain.
- Be informed of their right to change their provider if other qualified providers are available.
- Be provided with information concerning services available at the facility; provisions for after-hours care and emergency care; fee for services; payment policies.
- Submit a complaint to the Department of Health or any other entity without fear of retaliation.
- Expect the facility to comply with Federal Civil Rights laws that assure it will provide interpretation for individuals who are not proficient in English.

### **The patient is responsible to:**

- Provide complete and accurate information to the best of their ability about their health; any medications, including over-the-counter products and dietary supplements; and any drug or other allergies or sensitivities.
- Consent to or refuse treatment – except in an emergency.
- Report whether they clearly understand the planned course of treatment and what is expected of them.
- Follow the treatment plan prescribes by their provider.
- Inform the provider about any living will, medical power of attorney, or other directive that could affect their care.

- Provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their provider.
- Be respectful of all the health care providers and staff, as well as other patients.
- Be considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Accept financial responsibility for any charges not covered by their insurance.
- Payment for facility copies of the medical records the patient may request.

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### **If you need a translator / interpreter:**

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

### **Advance Directives:**

You have the right to information on the facility's policy regarding Advance Directives. Advance Directives will not be honored within the center. In the event of a life-threatening event, emergency medical procedures will be implemented. 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 the patient or patient's representative wants their Advance Directives to be honored, the patient will be offered care at another facility that will comply with their wishes. If you request, an official state Advance Directive Form will be provided to you.

### **Complaints:**

If your complaint is not resolved to your satisfaction, you have the right to request a review by the following organizations:

Jan Amator, MBA  
 Administrator  
 Spectra Eye Institute  
 9849 West Thunderbird Boulevard  
 Sun City, AZ 85351  
 623-583-2020  
[jamator@spectraeye.com](mailto:jamator@spectraeye.com)

Arizona Department of Health  
 150 N. 18<sup>th</sup> Ave., 4<sup>th</sup> Floor, Suite 450  
 Phoenix, AZ 85007  
 602-364-3030  
[www.azdhs.gov](http://www.azdhs.gov)  
[https://app.azdhs.gov/ls/online\\_complaint/MEDComplaint.aspx](https://app.azdhs.gov/ls/online_complaint/MEDComplaint.aspx)

1-800-MEDICARE  
[www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html](http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html)