

Our Patient's Rights and Responsibilities

Respecting the unique individuality of every patient is a major goal of the Ambulatory Plastic Surgery Center (APSC). The rights and responsibilities of every patient should be respected and preserved. We strive to care for all patients in the way that we would like to be treated ourselves.

You Have The Right:

- To be informed of the rules and regulations as they apply to your conduct.
- To expect privacy and dignity in your treatment consistent with providing you with good medical and psychiatric care in a safe setting.
- To receive considerate, respectful care at all times and under all circumstances.
- To expect prompt and reasonable responses to your questions.
- To know who is responsible for authorizing and performing your procedures or treatments.
- To know the identity and professional status of your care giver.
- To know what patient support services are available, including access to an interpreter if language is a problem.
- To have access to your medical record according to APSC Policy.
- To be informed of the nature of your condition, proposed treatment or procedure, risks, benefits and prognosis, expected outcome, and any continuing health care requirements after your discharge in terms you can understand.
- To be informed of medical alternatives for care or treatment.
- To refuse treatment, except as otherwise provided by law, and to be informed of the consequences of your action.
- To receive impartial access to medical treatment or accommodations regardless of race, sex, creed, sexual orientation, national origin, religion, physical handicap, or sources of payment and to be free of all forms of abuse or harassment.
- To know if the medical treatment prescribed is for experimental purposes and to give your written consent to participate if you choose.
- To participate in the decision-making process related to the plan of your care.
- To have access to professionals to assist you with emotional and/or spiritual care.
- To exercise your cultural values and spiritual beliefs as long as they do not interfere with the well-being of others, or the planned course of any medical care.
- To participate in the discussion of ethical issues that arises.
- To express concerns regarding any of these rights in accordance with the grievance process without being subjected to discrimination or reprisal.
- To formulate an advance directive and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law. The APSC can assist you with a copy of the Maryland Directives Form and Planning Guide. However, I have been advised that the APSC does not recognize advance directives.
- The APSC is a fully accredited ambulatory surgery center and is owned by the Ambulatory Plastic Surgery Center Associates, Chtd., of which Michael P. Vincent, M.D. is the principal owner. Billing for insurance related claims is done per insurance guidelines. One set of charges is for the physician services and the other set is related to the ambulatory surgery center. You will be responsible for the payment of the co-pays, deductibles, and co-insurance as designated by your insurance plan.

You are Responsible For:

- Providing accurate and up-to-date medical insurance information.
- Providing accurate and complete information about present and past medical conditions and all other matters pertaining to your health.
- Reporting unexpected changes in your condition to your health care providers.
- Informing your health care provider whether or not you understand the plan of care and what is expected of you.
- Following the treatment plan recommended by your health care provider.
- Keeping appointments and, if you cannot, notifying the proper person.
- Knowing the consequences of your own actions if you refuse treatment or do not follow the health care provider's instructions.
- Being considerate of the rights of the patients and Center personnel and to follow Center policy and regulations affecting care and conduct.
- We welcome your comments. If you have concerns about the care you or your family member have received, we encourage you to speak with our staff. If you are uncomfortable or cannot resolve your concerns, please feel free to contact our Office Manager and/or your physician at 240-912-4708. We will do everything possible to address any questions and/or other concerns.
- If your billing concerns are not resolved by the above, you may contact your insurance company directly.
- If your medical concerns are not resolved by the above, you have the right to request a review by the Office of Health Care Quality, Spring Grove Hospital Center, Bland Bryant Building, 55 Wade Avenue, Catonsville, Maryland 21228. Telephone 1-800-492-6005, or for Medicare issues contact Medicare Ombudsman at: <http://www.medicare.gov/ombudsman/resources.asp>

Date

Signature