

PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS

Peachtree Spine Physicians would like to assure you of your rights and responsibilities as a patient.

You have the right to:

- Considerate, respectful & dignified care provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Personal & informal privacy, within the law.
- Information presented in a manner and form that you understand. You or an individual designated by you or a legally authorized person, have the right to be informed about your condition and the recommended procedures to be performed so that you can make the decision whether or not to undergo the procedure knowing the risks, benefits and alternatives. You also have the right to ask questions.
- Request information on formulating an advance directive.
- Appropriate assessment & management of pain.
- The opportunity to participate in decisions involving your health care, unless contraindicated by concerns of your health.
- Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability.
- Be able to participate or refuse to participate in any research without risk of compromising your right to access care, treatment and/or services.
- Know the identity & professional status of individuals providing service.
- Request a change in providers of care if other qualified providers are available.
- Request information on the financial aspects of provided services and after hour care provisions.
- Request a consultation at your own expense.

PATIENT COMPLAINT OR GRIEVANCE

Peachtree Spine Physicians will promptly review, investigate & attempt to resolve any patient grievances or complaints in a timely manner. If you feel you may have an issue, please contact the surgery center directly and ask to speak with the Clinical Coordinator at 404843-3323. Upon notification of your complaint, we will obtain further information to resolve the issue. If we are unable to immediately resolve your issue, we will provide a written notice within 30 days that contains the name of the person responsible for conducting the investigation, the basic steps taken to investigate and resolve the grievance, the results and the date of completion.

If you feel your grievance was not resolved to your satisfaction you may contact:

GA Dept. of Community Health
Attn: Complaint Department
2 Peachtree Street, Suite 3100
Atlanta, GA 30303-3142
404-657-5726 or 1-800-878-6442

<http://ors.dhr.georgia.gov/portal/site/DHR-ORS/>

Medicare Ombudsman 1-800-633-4227 (1-800-Medicare)

www.medicare.gov/ombudsman/resources.asp

www.cms.hhs.gov/center/ombudsman.asp

PATIENT RESPONSIBILITIES

You are responsible for:

- Providing accurate, complete information regarding your present health status (including past & present medications) and past medical history
- Inform the healthcare provider about any advance directive or (living will) at that might affect your care.
- Following the treatment plan recommended by the physician and discharge instructions provided by the nurse.
- Following the rules & regulations of the facility affecting patient care & conduct.
- Notifying the facility if unable to keep an appointment.
- Being considerate & respectful of the rights of other patients & facility personnel.
- Providing a responsible adult to transport you home after surgery & an adult to be responsible for you at home for the first 24 hours after surgery/anesthesia.
- Indicating whether you clearly understand a contemplated course of action & what is expected of you.
- Your actions if you refuse treatment leave the facility against the advice of the practitioner and/or do not follow the practitioner's instructions relating to care.
- Assuring financial obligations of your health care are fulfilled as expediently as possible
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- Assuring financial obligations of your health care are fulfilled as expediently as possible.