

## **Patient's Bill of Rights and Responsibilities**

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Dental Surgical Center of Medina is regularly inspected and conforms to guidelines of the Accreditation Association for Ambulatory Health Care (AAAHHC). It is the policy of our doctors, nurses and other medical staff members to respect your individuality, dignity and privacy, and to make your stay as pleasant as possible. As a patient at, Dental Surgical Center of Medina you have rights that protect your interests. You also have responsibilities to help us to provide you with efficient, care of high quality. Together, these rights and responsibilities provide the basis for a positive, mutually beneficial patient-doctor relationship. A copy of this policy is posted in the reception area and a copy can be obtained upon request.

### **Patient Rights**

1. You have the right to excellent medical/dental care and treatment without regard to race, color, religion, sex, sexual preference, national origin, handicap or source of payment.
2. You have the right to good care and high professional standards that are continuously maintained and reviewed.
3. You have the right to be addressed properly, to be heard when you have a question or need more information, and to be given an appropriate and helpful response. You will be provided with an interpreter, if possible, so that language differences are not a barrier.
4. You have the right to good health care management techniques that make the most effective use of your time and still provide for your comfort and convenience.
5. You have the right to give feedback and voice any grievances regarding your treatment or care.
6. You have the right to a high degree of privacy. Case discussions, consultations, examinations and treatment plans are confidential and will be conducted discreetly. When you are examined you are entitled to know what role any observer may have in your care. You may request that any observer not required for your care leave the examination area.
7. At, Dental Surgical Center of Medina, Inc. your records are confidential, and no person or agency beyond those caring for you is permitted access to this information without your permission. However, you have the right to request access to all information in your medical record unless specifically restricted by your attending physician for medical reasons or as prohibited by law. You have a right to receive a full and prompt explanation regarding any such restriction.
8. You have the right to know the name of the doctor who is responsible for your care, to talk with that doctor and any others who give you care. You have the right to know who will perform any test or operation.

9. You have the right to receive full information in layman's terms concerning your medical problems, the planned course of treatment, a full explanation of procedures and tests and the prognosis, or medical outlook for your future. This includes information about alternative treatments and possible complications. You have the right to receive adequate instruction in self-care, prevention of disability and maintenance of your health. You have the right to ask our doctors any other relevant questions about your health. When it is not medically advisable to give the information to you, it will be given on your behalf to your family or significant other.
10. You have the right to refuse any particular procedure or treatment. Before any test or other procedure is performed, you may be asked to sign a form giving your consent. If you are unable to give informed consent, a responsible person may do so for you. You have the right to receive information from the doctor that is necessary for you to give informed consent prior to the start of any procedure or treatment. Except in emergencies when procedures must be implemented without unnecessary delay, such information should include the specific risks, the probable time that you will be incapacitated, and what alternatives there may be to the procedure or treatment that the doctor has proposed. If you refuse to give consent to a procedure or treatment, you have the right to receive any help that Dental Surgical Center of Medina, Inc. can offer under the circumstances.
11. You or, if you are unable to give consent, a responsible person, has the right to be advised when your physician is considering you as part of a medical research program or donor program. You, or a responsible person, must give informed consent prior to participation in the program. You have the right to refuse to continue in a program to which you have previously given informed consent.
12. You have the right to expect that this practice will provide a mechanism whereby you are informed upon discharge of your continuing health care requirements and the means for fulfilling them. Also, if there is a need to transfer you to another health care facility, you have the right to be told the reasons and whether there may be any alternatives to such transfer.
13. You have the right to expect emergency procedures to be implemented without unnecessary delay.
14. You have the right to assistance in obtaining consultation with another physician at your request and your own expense.
15. You have the right to examine and receive a detailed explanation of your bill.
16. You have the right to change providers, if other qualified providers are available.
17. All of our patients have the right to be informed of these rights at the earliest possible moment in the course of their medical care.

18. The Dental Surgical Center of Medina does not honor advance directives (do not resuscitate) request. All emergency procedures are performed to standard protocols and, if necessary, patient will be transported to a nearby hospital.
19. Dr. Steve Nguyen, Director of the Dental Surgical Center of Medina, has financial ownership interest in the surgery center.
20. You have the right to request information about our organization, credentials, fees, payment polices, after-hours emergency care, and absence of malpractice coverage.

### **Patient Responsibilities**

1. Patients are responsible to provide accurate and appropriate information regarding their health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities. It is your responsibility to bring with you information about past illnesses, hospitalizations, medications and other matters relating to your health.
2. You are responsible to behave respectfully toward all health care professionals and staff, as well as other patients and visitors.
3. You are responsible to follow the agreed-upon treatment plan prescribe by your provider and participate in your care.
4. You are responsible to provide a responsible adult to provide transportation home and to remain with him/her as directed by the provider or as indicated on discharge instructions.
5. While practicing at Dental Surgical Center of Medina, Inc. your doctor is obligated to exercise good judgment in order to help you. It is your responsibility to cooperate in the treatment program that your doctor specifies.
6. It is your responsibility to ask questions immediately if you do not understand instructions concerning your health or if you feel you cannot follow the instructions.
7. It is your responsibility to keep all scheduled appointments, or to contact the office when you cannot keep an appointment.
8. You are expected to show consideration for the privacy and comfort of other patients and medical personnel and to assist in the control of noise. You are also expected to be respectful of the property of other persons, and the property of Dental Surgical Center of Medina, Inc.

9. Duly authorized members of your family are expected to be available to office personnel for review of your treatment in the event you are unable to communicate with the physicians or nurses.
10. Your care may involve sedation, analgesia or anesthesia. You have a responsibility to help us reduce your risk of injury by following the safety guidelines provided by our medical staff.
11. You have a responsibility to provide information necessary for insurance processing of your bills, to be prompt about payment of your bills and to ask any questions you may have concerning your bills.
12. You are responsible for financial charges not covered by insurance.

*If you are concerned about or displeased with any aspect of your care, we ask that you discuss the problem with Dr. Steve Nguyen, Director of Dental Surgical Center of Medina, Inc. Communication between you and our team is an important element in good health care. Suggestions or comments you make following discharge are appreciated. All grievance will be answered within 48 hrs.*

### **ODH's Regulatory Ombudsman**

The Ohio Department of Health's (ODH) mission is to protect and improve the health of all Ohioans by preventing disease, promoting good health, and assuring access to quality health care. To accomplish that goal, it is important that we consistently regulate Ohio's public health structure.

Robert Jennings is the Ohio Department of Health's Regulatory Ombudsman. In this role, he serves as a problem-solving liaison between the agency and those affected by its rules and processes. As a direct report to the Director of Health, Mr. Jennings is charged with ensuring consumer concerns are addressed at the agency's executive level.

For questions or concerns, please contact Mr. Jennings by e-mail at [ombudsman@odh.ohio.gov](mailto:ombudsman@odh.ohio.gov), or by phone (614)466-3543.

### **MEDICARE PATIENTS MAY ALSO**

**The Office of the Medicare Beneficiary**  
[www.medicare.gov/ombudsman/activities.asp](http://www.medicare.gov/ombudsman/activities.asp)

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