

EAST VALLEY OPHTHALMOLOGY, LTD.

5620 East Broadway Road
Mesa, Arizona 85206

PATIENT RIGHTS

You have the right to:

- Receive service(s) without regard to age; race; color; sex; sexual orientation; marital status; disability; veteran's status; national origin; cultural, economic, educational, or religious background; or the source of payment for care, without being subjected to discrimination or reprisal.
- Be treated with consideration, respect, and dignity, including privacy in treatment in a safe environment.
- Be informed of the services available at the facility.
- Be informed of the provisions for off-hour emergency coverage.
- Knowledge of the name of the physician that has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will participate in your care.
- Knowledge of your right to change primary or specialty physicians.
- Receive information from your physician about your illness, course of treatment, and prospects for recovery in terms that you can understand.
- Receive as much information about the proposed treatment or procedure as you may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment, the risks involved in each, and the name of the person who will carry out the procedure or treatment.
- Participate actively in decisions regarding your medical treatment including the right to refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of your actions.
- Have pain assessed and managed as part of the treatment process and have your reports of pain believed and responded to quickly.
- Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discretely. You have the right to be advised as to the reason for the presence of any individual.
- Confidential treatment of all communications and records pertaining to care. Written permission shall be obtained before medical records can be made available to anyone not directly concerned with your care.

- To be given the opportunity to approve or refuse the release, except when release is required by law, of your record.
- Reasonable responses to any reasonable requests made for service.
- Leave the facility even against the advice of physicians.
- Be informed regarding patient billing practices, charges for services, eligibility for third-party reimbursements, and, when applicable, the availability of free or reduced-cost care.
- Receive a copy of account statement upon request.
- Make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment or participate in any experimental research.
- Know that the health care providers have their credentials and privileges verified.
- Receive verbal and written notice of your rights in advance of the date of the procedure.
- Receive written information of your physician's financial interest in the ASC.
- To be provided with information concerning the ASC's policies on advance directives, including a description of applicable state health and safety laws and, if requested, official state advance directive forms.
- To exercise your rights.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- To have your rights exercised by the person appointed under state law to act on your behalf if you are adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction.
- If a state court has not adjudged you incompetent, any legal representative designated by you in accordance with state law may exercise your rights to the extent allowed by state law.
- To be free of all forms of abuse or harassment.