

PATIENT RIGHTS AND RESPONSIBILITIES

To promote patient safety, we encourage you to speak openly with your health care team, be well informed, and take part in care decisions and treatment choices. As a patient receiving services from Dulaney Eye Institute, you should be aware of your rights and responsibilities which are supported and protected by our care teams.

Patient Rights

While you are a patient at Dulaney Eye Institute, you have the right to:

1. Considerate and respectful care and to be made comfortable. You have the right to have your culture and personal values, beliefs and wishes respected.
2. Know the name of the licensed healthcare practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care, and the names and professional relationships of physicians and nonphysicians who will see you.
3. To receive information from their physicians and to have the opportunity to discuss the benefits, risks, and costs of appropriate treatment alternatives, including the risks, benefits and costs of forgoing treatment.
4. To receive information about their health status diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand.
5. To make decisions about the medical care the physician recommends and to have those decisions respected. A patient who has decision-making capacity may accept or refuse any recommended medical intervention to the extent permitted by law.
6. To give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
7. Agree or refuse to be part of a research study without affecting your care.
8. Be treated without discrimination based on race, color, national origin, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, ethnicity, or language.
9. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services, including notifying government agencies of neglect or abuse.
10. To have the physician and other staff respect the patient's privacy and confidentiality. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information
11. To obtain copies or summaries of their medical records.
12. To obtain a second opinion.
13. To be advised of any conflicts of interest their physician may have in respect to their care.
14. To reasonable continuity of care and to know in advance the time and location of appointments, as well as the identity of the persons providing the care.
15. Examine and receive an explanation of your bill regardless of the source of payment.
16. Ask for an estimate of charges before care is provided.

Patient Responsibilities

The patient has the responsibility to:

1. Provide as complete a medical history as they can, including providing information about past illnesses, medications, hospitalizations, family history of illness, and other matters relating to present health.
2. Keep appointments and call if you cannot keep your appointment for any reason.
3. Cooperate with agreed-on treatment plans.
4. Accept care from medical students, residents, and other trainees under appropriate supervision.

5. Meet their financial responsibilities with regard to medical care or discuss financial hardships with their physicians.
6. Ask questions if there is anything you do not understand.
7. Recognize that a healthy lifestyle can often prevent or mitigate illness and take responsibility to follow preventive measures and adopt health-enhancing behaviors.
8. Be aware of and refrain from behavior that unreasonably places the health of others at risk.
9. Be respectful and considerate of the rights of other patients and staff members.
10. Be considerate in language and conduct of other people and property including refraining from being disruptive in the clinical setting.
11. Do not take pictures, videos or recording without staff permission.
12. Not knowingly initiate or participate in medical fraud.
13. Report illegal or unethical behavior by physicians or other health care professionals to the appropriate medical societies, licensing boards, or law enforcement authorities

Complaints & Grievances

ESP and its practices strive to deliver high quality care to our patients along with exceptional customer service. Patients have the right to complain and have complaint reviewed without affecting your care. If you have a problem or complaint with any aspect of your care,

To address complaints, you may:

- Speak with your doctor, nurse, or other caregiver.
- Speak with the supervisor of the department in which the concern arose.

If your issue is not resolved to your satisfaction, you may also submit complaints and grievances to the following entities.

ESP Chief Compliance and Quality Officer

Theresa Bissonnette

(469) 886-0419

9330 Lyndon B. Johnson Fwy., Suite 900

Dallas, TX 75243

ComplianceNotify@espmgmt.com

Office of Civil Rights

To file a complaint with the Secretary of HHS, an individual should submit a completed HHS complaint form to the Regional Office of the Office for Civil Rights, Department of HHS, in the region where the individual resides. The complaint form and the address of the appropriate Regional Office can be found at www.hhs.gov/ocr/hipaa, or by calling +1 (800) 368-1019. The complaint may be filed by mail, fax, or email.