

HOLZAPFEL & LIED PLASTIC SURGERY CENTER

STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES

Patient rights will be exercised without regard to sex, race, cultural, economic, educational or religious background and will include:

1. Considerate and respectful care. The right to reasonable responses to any reasonable request made for service.
2. Knowledge of the name of the physician with primary responsibility for coordinating the care and non-physicians who will see the patient, continuity of care, to be informed in advance of the time and location of their appointment. The right to receive information about their illness, course of treatment and prospects for recovery in terms that the patient can understand.
3. The right to receive as much information about any post-treatment of procedures the patient may need in order to be given a form of 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 risk involved in the treatment, alternate course of treatment or non-treatment, the risk involved in each and to know the name of the person who will carry out the procedure or treatment.
4. The right to participate actively in decisions regarding their medical care to the extent provided by the law. This includes the right to refuse treatment and to leave the Surgery Center even against the advice of physicians.
5. The right to full consideration of privacy concerning their medical care, consultation, examination and treatment. The patient has the right to be advised regarding personnel involved in their care.
6. The right to confidential treatment of all communications and records pertaining to the care and their stay in the Surgery Center. All Release of Authorization shall be obtained before the medical records can be available to anyone not directly concerned with care. It is the right of patients to request a personal copy of personal health information (PHI) or electronic form of PHI. The right of patients to be notified of a breach in the confidentiality of their PHI.
7. The right to be advised if their Surgery Center personal physician proposes to engage in or perform human experimentation effecting care of treatment. The patient has the right to elect not to participate in such research experiments.
8. The right to examine and receive an explanation of their bill regardless of the source of payment.
9. All surgery center personnel shall observe these patient rights.

Prior to receiving care, patients are informed of patient responsibilities. These responsibilities require the patient to:

1. Patients shall be responsible for reading, understanding and signing the Rights of Privacy Act.
2. Patients shall be responsible for any and all financial obligations for services rendered by this facility and physician services.
3. Patients shall be responsible for reading the material and paperwork given to them at the time of their visit and/or procedures. Our physicians, medical staff and office are available at all times during business hours to answer any questions that may arise.
4. Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
5. Follow the treatment plan prescribed by his/her provider.
6. Provide a responsible adult to transport him/her home from the facility after surgery and remain with him/her for twenty-four (24) hours, if required by his/her provider.
7. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
8. Accept personal financial responsibility for any charges not covered by his/her insurance and provide current insurance information.
9. Be respectful of all the health care providers and staff, as well as other patients.

Patients have a right to file a grievance or complaint with the Surgery Center and upon request, to obtain information that reflects the Policy of the Surgery Center on what will happen if such grievance or complaint is filed. Patient complaints and grievances are forwarded to the Medical Director for appropriate response. To file a grievance or complaint, please contact:

Linda Robinson
HOLZAPFEL & LIED PLASTIC SURGERY
133 Barnwood Dr., Edgewood, KY 41017
Telephone: 859-331-9600
Fax: 859-331-5831

Or

Kentucky Board of Medical Licensure
Hurstebourne Office Park
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
Telephone: 502-429-7150

Signature: _____ Print: _____ Date: _____

Chart #: _____