

STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES

1. Patients are treated with respect, consideration and dignity.
2. Patients are provided appropriate privacy, in a safe setting.
3. Patient disclosures and records are treated confidentially and are protected from loss, tampering, alteration, destruction, and unauthorized or inadvertent disclosure. Patients are given the opportunity to approve or refuse their release, except when release is required by law.
4. Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis in terms they can understand. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
5. Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
6. Information is available to patients and staff concerning - patient rights, patient responsibilities, services available, provisions for after-hours and emergency care, fees for service, payment policies, patient's right to refuse to participate in experimental research, advance directives, and credentials of health care professionals.
7. Patients are informed of their right to change their provider if other qualified providers are available.
8. Patients or their designated representative have the right to report a complaint to the Center's Administrator.
9. Patients may report complaints (without discrimination or reprisal) to the public health department:
Missouri Department of Public Health
P.O. Box 570 Jefferson City, MO 65102
573-751-6303
11. Patients may report complaints to the Medicare Beneficiary Ombudsman
<http://www.cms.gov/center/ombudsman.asp>
12. Patients have the right to be free from abuse or harassment.
13. All Center personnel will observe these patient rights.

Patient's responsibilities include:

1. Provide accurate and complete information about his/her present health status, past medical history and report any unexpected changes to the appropriate health professional. This includes any medications, allergies or sensitivities.
2. Indicate whether you clearly understand what's planned as far as your surgery and your care afterwards.
3. Follow the treatment plan recommended by his/her provider. Assume responsibility for your actions if you refuse treatment, leave the facility against the advice of the provider, and/or do not follow your discharge instructions.

4. Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
5. Inform his/her provider about any living will, medical power or attorney, or other directive that could affect his/her care.
6. Accept personal financial responsibility for any charges not covered by his/her insurance.
7. Be respectful of all the health care providers and staff, as well as other patients.

⌚ Regarding Advance Directives, it is the policy of the Center that we provide full resuscitative measures in the event of a respiratory or cardiac arrest.

⌚ Patient's rights will be exercised without regard to sex, race, cultural, economic, educational or religious background or to the source of payment