



Patient Bill of Rights

All Patients Have The Right:

1. To obtain from your primary physician, in a language that you can understand, your diagnosis, the treatment prescribed for you and the prognosis of your illness. When your physician determines that it is not medically advisable to give such information to you, the information should be available to an appropriate person on your behalf.
2. To receive, upon request, the name(s) of physicians and personnel participating in your care.
3. To know the general nature and inherent risk of any procedure or treatment that is prescribed for you.
4. To change your mind about any procedure for which you have given your consent, provided that you let your physician know of your decision before you have been medicated.
5. To expect that your personal privacy and confidentiality will be respected to the fullest extent consistent with the care prescribed for you within the limits of the law.
6. To refuse to participate in medical training programs or research projects. This shall only be performed with your informed consent.
7. To examine your bill and receive an explanation of it.
8. To let us know if you are dissatisfied with any aspect of your care or if you feel that any of your rights have been violated. Complaints or criticisms will not compromise future access to care at this facility. You may contact our facility at 419-429-0409 or utilize the information below:
Health Care Facility Complaint Hotline: 1.800 .669 .353 4 Ohio
Department of Health Information: www.odh.ohio.gov
Ohio Department of Health • 246 North High Street• Columbus, OH 43215 Website
for the Office of the Medicare Beneficiary Ombudsman: [www.medicare.gov/claims-and-appeals/medicaer-rights/get-help/ombudsman .html](http://www.medicare.gov/claims-and-appeals/medicaer-rights/get-help/ombudsman.html) The Joint Commission - Office of Quality Monitoring, One Renaissance Boulevard,
Oakbrook Terrace, IL 60181, 1.800 .99 4.6610
9. To treatment without discrimination as to age, race, color, religion, sex, national origin political belief, or handicap. It is our intention to treat each patient as a unique individual in a manner that recognizes their basic human rights.
10. To appropriate assessment and management of pain.
11. To be free from seclusion and restraint of any form that is not medically necessary.
12. Upon request, the facility will assist you in formulating advanced directives and appointing a surrogate to make health care decisions on your behalf to the extent permitted by law. Access to health care at this facility will not be conditional upon the existence of an advanced directive.
13. To know the facility's rules and regulations that applies to your conduct as a patient.
14. To request a copy of your medical record at any time during or after the course of treatment. This can be obtained after a signed consent and a 48 hour processing time. If the patient is incompetent, the record will be made to his or her guardian.
15. To expect to be cared for in a safe setting regarding patient environmental safety, infection control, security, and freedom from abuse or harassment.
16. To choose where to have your procedure performed.