

## **Mission Statement for Tri-State Centers for Sight Surgery Center:** **Our mission is to provide the highest quality of medical care possible to the community in the field of ophthalmology outpatient surgery.**

### **Rights of Patients**

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The following list of patient rights is not intended to be all inclusive. Patients receiving care at our center have a right to:

- **Be treated with respect, consideration and dignity.**
- **Exercise these rights and treated without regard to gender, race, cultural, economic, educational or religious background and without fear of discrimination or reprisal.**
- **Be treated in a safe environment that is free of physical or psychological threats.**
- **Expect that any architectural barriers identified will be addresses, and, whenever feasible, such barriers will be modified or corrected.**
- **Access communication aids (i.e., interpreters, sign language, etc.).**
- **Be provided appropriate privacy and confidentiality concerning their medical care - the patient has the right to be advised as to the reason for the presence of any individual directly involved or observing their care**
- **Be free of restraint except when indicated to protect the patient or others from injury.**
- **Have their questions, concerns or complaints addressed in good faith.**
- **Expect continuity of care. The patient will not be discharged or transferred to another facility without prior notice, except in the case of a medical emergency and within the limits of legal regulations.**
- **Provisions for after-hour and emergency care.**
- **Access necessary surgical and/or procedural interventions that are medically indicated.**
- **Obtain any information they need to give informed consent before any treatment or procedure.**
- **Be provided, to the degree known, complete and timely information concerning their diagnosis, evaluation, treatment and prognosis. 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.**
- **Make choices and decisions regarding their medical care to the extent permitted by law - this includes the right to refuse treatment**
- **Formulate advance directives and appoint a surrogate to make health care decisions on their behalf to the extent permitted by law. The provision of the patient's care shall not be conditioned on the existence of an advance directive. (please see the center's policy on advanced directives below)**
- **Have their disclosures and records treated confidentially, and given the opportunity to approve or refuse their release, except when release is required by law.**
- **Receive, on request, and at a reasonable fee established by the Health Information Management Department, a copy of their medical record**
- **Know the services available at the organization.**
- **Know the facility fees for services.**
- **Request an itemized statement of all services provided to them through the facility, along with the right to be informed of the payment methodology utilized.**
- **At their own expense, to consult with another physician or specialist if other qualified physicians or dentists are requested and available.**
- **Be informed of patient conduct and responsibilities rules.**
- **Refuse to participate in experimental research.**

- Know the identity, professional status, institutional affiliation and credentials of health care professionals providing their care, and be assured these individuals have been appropriately credentialed according to the policies of the center.
- Be informed of their right to change their provider if other qualified providers are available.
- Be provided with appropriate information regarding the absence of malpractice insurance coverage.
- Be informed about procedures for expressing suggestions, complaints and grievances, including those required by state and federal regulations.
- Be informed of any complications or incidents involving their care.

## Patient Responsibilities

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The care a patient receives depends partially on the patient. Therefore, in addition to these rights, a patient has certain responsibilities that are presented to the patient in the spirit of mutual trust and respect.

Patient Responsibilities require the patient to:

- 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.
- Make it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her
- Follow the treatment plan prescribed by his/her provider.
- Keep appointments and notify surgery center or physician when unable to do so.
- 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.
- Accept responsibility for his/her actions should he/she refuse treatment or not follow his/her physician's orders
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Follow our facility's policies and procedures
- Be respectful of all the health care providers and staff, as well as other patients.

## Patient Guardian

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The patient's guardian, next of kin, or legally authorized responsible person has the right to exercise the rights delineated on the patient's behalf, to the extent permitted by law, if the patient:

- Has been adjudicated incompetent in accordance with the law.
- Has designated a legal representative to act on their behalf.
- Is a minor.

## Advance Directives

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In accordance with Ohio law, this center must inform you that we are not required to honor and do not honor DNR directives. A healthcare power of attorney will be honored.

If a patient should provide his/her advance directive a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer, be ordered by his/her physician.

At all times the patient or his/her representative will be able to obtain any information they need to give informed consent before any treatment or procedure.

In order to assure that the community is served by this facility, information concerning advance directives is available at the facility. While the state of Ohio does not have required a specific form for an advanced directive, sample forms are available at the center's office. To obtain this form and information, please call 513-791-7967.

## Patient Grievances

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The patient and family are encouraged to help the facility improve its understanding of the patient's environment by providing feedback, suggestions, comments and/or complaints regarding the service needs, and expectations.

A complaint or grievance should be registered by contacting the center and/or a patient advocate at the Ohio Department of Health or Medicare (numbers listed below).

The surgery center will respond in writing with notice of how the grievance has been addressed.

Contacts:

Tri-State Centers for Sight Surgery Center  
Deborah L Bray, RN, CNOR, Director  
8044 Montgomery Road, Suite 155  
Cincinnati, OH 45236  
513-791-7967  
[dbray@centersforsight.com](mailto:dbray@centersforsight.com)

Ohio Department of Health  
246 North High Street  
Columbus, OH 43215  
1-800-669-3534  
Medicare Beneficiary Ombudsman  
1-800-MEDICARE (1-800-633-4227)  
[www.medicare.gov](http://www.medicare.gov) (ombudsman link is on left hand column)

## Physician Participation

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This is to inform you that your physician might have a financial interest or ownership in Tri-State Centers for Sight Surgery Center. The following are physicians who have a direct or indirect ownership interest of 5 percent or more:

Mark Cepela, MD	8044 Montgomery Rd., #155, Cin OH 45236	NPI 1730181009
Michael Daun, MD	8044 Montgomery Rd., # 155, Cin OH 45236	NPI 1457353708
Sean Davitt, MD	8044 Montgomery Rd., # 155, Cin OH 45236	NPI 1144222407
Christopher Devine, MD	8044 Montgomery Rd., # 155, Cin OH 45236	NPI 1205838562
Saif Jaweed, MD	8044 Montgomery Rd., # 155, Cin OH 45236	NPI 1255333472
Michael Halpin, MD	8044 Montgomery Rd., # 155, Cin OH 45236	NPI 1376545590
Jean Noll, MD	8044 Montgomery Rd., # 155, Cin OH 45236	NPI 1760484935
Stephen Kondash, MD	8044 Montgomery Rd., # 155, Cin OH 45236	NPI 1962404186
Philip Poon, MD	8044 Montgomery Rd., # 155, Cin OH 45236	NPI 1912909185
James Sanitato, MD	8044 Montgomery Rd., # 155 Cin OH 45236	NPI 1558316513
Louis Schott, MD	8044 Montgomery Rd., # 155, Cin OH 45236	NPI 1386646545

## Patient Rights Notification

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Each patient at the center will be notified of their rights in the following manner:

- A written notice provided in advance of the day of their surgery in a language and manner the patient understands.
- A verbal notice provided in advance of the day of their surgery in a language and manner the patient understands.
- A posted notice visible by patients and families waiting for treatment.

Date sent / presented to patient: 10/06/2016

\*\*\*\*\* Printed Name of Patient \_\_\_\_\_ \*\*\*\*\*

Signature of Patient \_\_\_\_\_

By (staff signature): \_\_\_\_\_

Date of Surgery/Procedure \_\_\_\_\_ if available

Tri-State Centers for Sight Surgery Center retains a copy of this page for the ASC chart

Fax completed page to 513-791-1473

Thank you