

EYE SURGERY CENTER OF WESTERN OHIO

855 W. Market St., Lima OH 45805
(419)228-9991 (419)228-1420(fax)

INFORMATION SHEET

ADVANCED DIRECTIVES

Definition

Advanced Care Directives are specific instructions, prepared in advance, that are intended to direct a person's medical care if he or she becomes unable to do so in the future.

Alternative Names

Power of Attorney; DNR; Do not resuscitate; Living Will

Information

Advanced Care Directives allow patients to make their own decisions regarding the care they would prefer to receive if they develop a terminal or life threatening injury/condition. Advanced Care Directives can also designate someone the patient trusts to make decisions about medical care if the patient becomes unable to make (or communicate) these decisions.

Federal law requires hospitals, nursing homes and other institutions that receive Medicare or Medicaid funds to provide written information regarding Advanced Care Directives to all patients upon admission.

Discuss your wishes regarding Advanced Care Directives with your health care providers, family members, and friends. Review your wishes from time to time to remind everyone.

Statement of Limitation

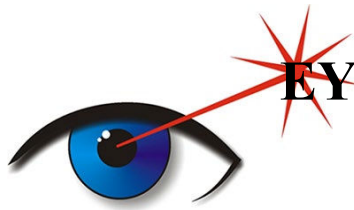
Eye Surgery Center of Western Ohio respects the right of patients to make informed decisions regarding their care. The Center has adopted the position that an ambulatory surgery center setting is not the most appropriate setting for end of life decisions. Therefore, it is the policy of this surgery center that in the absence of an applicable properly executed Advance Directive, if there is deterioration in the patient's condition during treatment at the surgery center, the personnel at the center will initiate resuscitative or other stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.

If the patient has Advance Directives which have been provided to the surgery center that impact resuscitative measures being taken, we will discuss the treatment plan with the patient and his/her physician to determine the appropriate course of action to be taken regarding the patient's care.

This statement of limitation reflects the policy of the facility and does not address any objections to provision of care for particular patients on the part of individual staff members. In addition, this statement of limitation applies to all patients and procedures performed at the center.

OWNERSHIP STATEMENT

John Pajka, MD, Mitchell Romito, MD, and Cameron Nabavi, MD have financial interests in the Eye Surgery Center of Western Ohio, LLC.



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John T. Pajka, MD Medical Director

PATIENT'S BILL OF RIGHTS

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISIONS REGARDING HIS/HER CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE/SURROGATE PRIOR TO THE PROCEDURE/SURGERY.

PATIENT'S RIGHTS:

1. To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
2. To receive considerate, respectful and dignified care.
3. To be provided privacy and security during the delivery of patient care service.
4. To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
5. To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.
6. 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.
7. To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record.
8. To be free from mental and physical abuse, or exploitation during the course of patient care.
9. Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.
10. Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.
11. To have care delivered in a safe environment, free from all forms of abuse, neglect, harassment or reprisal.
12. Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
13. To be informed of their right to change providers if other qualified providers are available.
14. Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility.
15. To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/her care.
16. To know which facility rules and policies apply to his/her conduct while a patient.
17. To have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient's rights.

18. To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's care. The patient's written consent for participation in research shall be obtained and retained in his/ her patient record.
19. To examine and receive an explanation of his/her bill regardless of source of payment.
20. To appropriate assessment and management of pain.
21. To be advised if the physician providing care has a financial interest in the surgery center.
22. Complaints may be made at one of the following sources: Ohio Department of Health at: HCComplaints@odh.ohio.gov
23. Office of the Medicare Beneficiary Ombudsman - <https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>
24. AAAHC: complaints@aaahc.org or 847-853-6060

PATIENT RESPONSIBILITY:

1. To provide complete and accurate information to the best of their ability about their health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
2. To follow the treatment plan prescribed by their provider, including pre-operative and discharge instructions.
3. To provide a responsible adult to transport them home from the facility and remain with them for 24 hours, if required by their provider.
4. To inform their provider about any living will, medical power of attorney, or other advance healthcare directive in effect.
5. To accept personal financial responsibility for any charges not covered by their insurance.
6. To be respectful of all the healthcare professionals and staff, as well as other patients.

If you need an interpreter:

If you will need an interpreter, please let us know and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.