



## Understanding Your Rights and Responsibilities

### **You have RIGHTS...**

...including the right to be informed of them in a way you or someone who represents you can understand. You cannot be penalized in any way for exercising these rights.

### **You have the right to know BEFORE the date of your procedure:**

- Your expected appointment time
- How to get help if you have a problem or emergency when this surgery center is closed
- What kind of follow-up care you can reasonably expect
- If your doctor has any financial or ownership interest in this surgery center
- If your care provider is not covered by malpractice insurance
- What you will be billed for by this surgery center, regardless of who will be paying those charges
- The immediate and long-term financial effects of those charges
- This surgery center's payment policies

### **If you are a Medicare beneficiary, you also have the right to:**

- Receive the information and help you need to understand your Medicare options
- Assistance in exercising your Medicare rights and protections. The Medicare Beneficiary Ombudsman can also help you in resolving Medicare-related problems.

### **You have the right to the following INFORMATION that you need in order to take part in making a good decision about your treatment:**

- Your diagnosis (the disease or illness that is causing your problem)
- The doctor's professional opinion on your condition
- The prognosis (what generally happens to people who have the same diagnosis)
- What the doctor expects to happen in your case
- The treatment you will be receiving
- The risks and dangers of your treatment. If there is a good medical reason for not giving you this information, it will be given to someone that you choose or who has been given legal permission.

### **You also have the right to:**

- Know the name of the person who will be providing or assisting in your treatment
- Know the qualifications of that provider
- Change to another qualified provider, if available
- Expect that any advertising about the organization's competence and abilities is accurate
- See your own medical record

- Be informed by your doctor or the doctor's representative as to what kind of care you will need after discharge

### **You have the right to expect that the Eye Surgery Center will:**

- Provide evaluation, services and/or referral appropriate to the urgency of your case and within the limitations of this surgery center
- Transfer you to another facility (such as a hospital) when required by your medical condition

### **You have PRIVACY rights related to your personal care.**

- We will keep all of the information in your medical record confidential, unless reporting is allowed or required by law. There are a number of legal exceptions that allow or require us to use your information without asking for your permission. One example is the information your insurance company needs to process your claim. You can find a list of these exceptions in the "Notice of Privacy Practices" we have given you.
- You have a right to look at or copy your Protected Health Information (PHI). If you need to look at or have a copy of your information, please ask for a request form or ask to speak with our privacy representative.
- You have the right to ask us to make changes to the written information we have about you. If you believe that this written information is not correct, contact our privacy representative for a change request form.
- You have the right to ask us to limit how your medical information is used and who can get this information. Do you need more information on your privacy rights? Details are available in the "Notice of Privacy Practices" that we have given you.

### **You have LEGAL rights that you will be:**

- Safe from all types of abuse or harassment
- Treated with confidentiality, respect, dignity and consideration
- Able to refuse all or part of suggested treatment, including human experimental treatment
- Treated fairly, regardless of your race, color, religion, gender, sexual preference, disability, national origin, age, veteran's status or source of payment (except for inability to pay)\*
- You also have the right to complain about your care before, during, and after your treatment. You can make your complaint in person, by phone, or in writing. See the end of this notice for information on filing a complaint. These rights are guaranteed by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services, conforming to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

**You have the right to submit an ADVANCED DIRECTIVE.**

- If you are too ill to speak for yourself, someone else will have to make decisions about your medical care for you. An “Advanced Directive” is a legal document that makes it possible for you to communicate what kind of end-of-life care you want and to appoint someone you trust to make decisions for you. It will be less confusing for your family, friends, and the medical professionals who take care of you if they have this information ahead of time.
- You have the legal right to choose someone to make decisions for you. The Center must follow the process and do everything it can to respect your wishes, within the limits of state law.
- If your state’s legal process determines that you are not able to make informed decisions or to exercise your rights yourself, you have the right to a state appointed representative who can do these things for you.

**You also have RESPONSIBILITIES.**

**As a patient you are responsible for providing CORRECT and COMPLETE INFORMATION on:**

- Your present health
- Your past medical history
- The prescription and over-the-counter medicines you take, including vitamins and other dietary supplements
- Any allergies or sensitivities
- Anything else related to your health

**You are responsible for:**

- Following your doctor’s orders
- What happens if you do not follow your doctor’s orders
- What happens if you refuse treatment
- Telling us if you think you will not be able to follow through with the treatment ordered by your doctor
- Asking questions if you do not understand the information or instructions we give you
- Telling your doctor and this surgery center if you have a Living Will, a medical Power of Attorney, or any other directive that could affect your care
- Paying what you owe for services as soon as possible

**You should respect the rights of other patients and the staff of this surgery center by:**

- Helping us to control noise
- Not smoking
- Limiting the number of visitors

This surgery center has the right to refuse care to or dismiss patients who are disruptive, uncooperative, rude, or physically threatening to other patients or our staff.

**You must provide a RESPONSIBLE PERSON who can:**

- Drive you home when you are ready to leave this surgery center
- Stay with you for 24 hours, if ordered by your doctor

If your driver is disruptive, uncooperative, rude, or physically threatening, this surgery center has the right to refuse care to you or dismiss you from care. This includes drivers who are unable to provide safe transportation for any reason, including drug or alcohol intoxication.

**Financial Responsibilities**

As a patient of Eye Surgery Center of Hawaii, you understand that any co-pays, co-insurance, and/or deductibles, are due prior to having your procedure. You understand that the following provider fees are NOT INCLUDED in the surgery center fee and will be billed separately: Physician (surgeon) fee, Anesthesiology fee, Pathology, Radiology, Durable Medical Equipment (splints, braces, etc.), and Laboratory services.

For any questions or concerns, please call the Eye Surgery Center at 1-808-356-4300.

**Ownership Disclosure**

Nancy Chen, M.D., Jonathan R. Etter, M.D., Gregg T. Kokame, M.D., James C. Lai, M.D., Samuel C. Lo, M.D., John Olkowski, M.D., Troy M. Tanji, M.D., Jason S. Tokunaga, M.D., Jeffrey J. Wong, M.D., Rupa K. Wong, M.D., William K. Wong, Jr., M.D., Raymond Wee, M.D., Carlton Yuen, M.D. and CBI ASC, LLC have a financial interest in Eye Surgery Center of Hawaii.

*You have the right to choose your provider and where your procedure is performed. For any questions or concerns, please feel free to contact your physician.*

**If you have questions about your rights or want to file a complaint**

Please contact the Eye Surgery Center of Hawaii, 650 Iwilei Road, Suite 225, Honolulu, Hawaii 96817.

You may also file a complaint with the Hawaii Division of Public Health, Office of Health Facilities Licensing and Certification, the responsible agency for ambulatory surgical centers’ complaint investigation. Complaints may be registered with the department by phone (808) 733-9172 or in writing to the State of Hawaii, Department of Health, Developmental Disabilities Division, Case management and Information Services Branch, 3627 Kilauea Avenue, Room 109, Honolulu, Hawaii 96816. A complainant may provide his/her name, address, and phone number to the Department. Anonymous complaints may be registered. All complaints are confidential.

For Medicare beneficiaries:

<http://www.medicare.gov/ombudsman/resources.asp> or  
<http://www.medicare.gov/Publications/Pubs/pdf/11173.pdf>