

PATIENT RIGHTS AND RESPONSIBILITIES

Your Rights as a Patient:

1. You can expect to be treated with respect and to have differences in your cultural and educational background respected, without consideration of race, sex, religion, national origin, age or disability status or the source of payment for your care.
2. You can expect to exercise cultural and spiritual beliefs as long as they do not interfere with the well-being of others.
3. You have the right to privacy. You have a right to know what role any observer plays in your care, and the right to request that any outsiders leave your room. You have the right to review our Notice of Privacy Practices and can request this from one of our staff or view this on our website <http://www.zzzmd.com/>.
4. You have the right to expect that all matters concerning your care will remain confidential. Case discussions, medical records, consultation, examination, and treatment are private and will be available only to those directly involved in your care, to those whom you have designated, or to those legally entitled to such records.
5. You have the right to know by name, all physicians responsible for your care.
6. You have the right to obtain information from your physician about the nature of your medical problems, the planned course of anesthesia, the medical outlook, and information concerning care after you leave the surgeon's facility.
7. You have the right to receive from your physician information necessary to make an informed choice prior to the start of any procedure and/or treatment. Such communication includes information about your physical condition, the benefits and material risks associated with the medical procedures being recommended, the material risks associated with alternative medical procedures, if any, and the material risks associated with no treatment.
8. You have the right to examine and receive an explanation of our bill regardless of source of payment.
9. You have the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such actions.
10. You have the right to be informed of any human experimentation or other research/educational projects affecting your care or treatment.
11. You and/or your legally designated representative has access to information contained in your medical record, within the limits of the law.
12. You have the right to formulate advance directives and have your representative make health care decisions on your behalf to the extent permitted by law.
13. You or your designated representative has the right to participate in the consideration of ethical issues that arise in your care.

Your Responsibilities as a Patient:

1. You have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to the responsible practitioner. You are responsible for making it known whether you clearly comprehend the course of treatment and what is expected.
2. You are responsible for following the plan recommended by the physician responsible for your care. This includes following the instruction of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders.

3. You are responsible for your actions if you refuse treatment or do not follow the practitioner's instructions.
4. You have the responsibility to give full and complete information regarding your financial capacity to pay your bill, to be prompt about payment of the anesthesia bill, to provide information necessary for insurance or other payment sources for the processing of your bill, and to ask any questions you may have about your bill.

How to Contact Us

For questions or to file a complaint, you may contact our Privacy Officer in writing at:

Privacy Officer
8420 West Bryn Mawr Avenue
Suite 300
Chicago, IL 60631