

As a person using our services, you have specific rights regardless of your age, culture background, gender, sexual orientation, financial status, national origin, race, religion or disability.

## You have the right to:

- ▶ Receive information about the Bennett Eye Institute, its services, its health care practitioner and providers, and your rights and responsibilities.
- ▶ Get information about the people who provide your health care including their names, professional status and certification
- ▶ Be treated with consideration, compassion, and respect taking into account your dignity and individuality, including privacy in treatment and care.
- ▶ Be treated in a safe, secure and clean environment.
- ▶ Discuss with your doctor your medical condition, treatment and diagnosis in terms that you can understand.
- ▶ Make decisions relating to your medical care. You have the right to assign another person to make health care decisions for you, to the extent allowed by law.
- ▶ Receive the medical information and education you need to participate in your medical care.
- ▶ Discuss all medically necessary treatment options, regardless of cost or benefit coverage.
- ▶ When appropriate, be informed about the outcomes of care, including unanticipated outcomes.
- ▶ Be involved and include your family in the planning of your medical care. You have the right to be informed of the risks, benefits and consequences of your actions. You may choose to refuse treatment.
- ▶ Give informed consent before the start of any procedure and/or treatment.
- ▶ Have access to services, treatment and covered benefits that are medically necessary in a timely and fair manner.
- ▶ Be informed of the relationship between the Bennett Eye Institute and other health care providers.
- ▶ Change your doctor or obtain a second opinion.
- ▶ Voice your complaints freely without fear of discrimination or retaliation. If you are not satisfied with the solution, you have the right to reconsideration of your complaint.
- ▶ Have your cultural, social and spiritual needs respected and considered.
- ▶ Be assured of privacy and confidentiality of all communications and records related to your care and have assurance that measures are in place to protect confidentiality. You or a person you choose can have access to your medical records, within the limits of the law.

- ▶ Get an explanation of your bill and benefits regardless of sources of payment.
- ▶ Make recommendations regarding the Bennett Eye Institute's Rights and Responsibilities statement.

## As a partner in your health care, you have the following responsibilities:

- ▶ Provide accurate and complete information about your present and past medical condition(s).
- ▶ Follow the treatment plan agreed by you and your health provider. You have a responsibility to inform your health care provider if you do not understand your treatment or cannot follow through with your treatment.
- ▶ Understand your health problems and participate in developing mutually agreed upon treatment goals, to the extent possible.
- ▶ Identify yourself appropriately and use your medical insurance card in accordance with your providers policies and procedures.
- ▶ Cooperate with our staff to ensure proper diagnosis and treatment of your illness or condition.
- ▶ Keep your appointments or if you cannot keep them, cancel appointments in a timely manner.
- ▶ Know your insurance providers benefit coverage and its limitations.
- ▶ Cooperate by signing a release form when you choose to refuse recommended treatment or procedures.
- ▶ Realize the effects your lifestyle has on your health, and that decisions you make in your daily life, such as smoking, can affect your health.
- ▶ Be considerate of others by respecting the rights and feelings of the staff and respect the privacy of other patients.
- ▶ Keep from creating a disturbance or disruption of operations and administration and cooperate with staff to allow services to other patients to be performed uninterrupted.
- ▶ Cooperate in following all clinic, hospital and health plan rules and regulations regarding your actions as a patient or member.
- ▶ Pay your bills when required and cooperate in the proper processing of third party payments.
- ▶ Inform us of any changes in your medical insurance coverage or when you change addresses.