

ROCHESTER SKIN CANCER AND SURGERY CENTER
405 Barclay Circle, Rochester Hills, MI 48307
248-293-0800

PATIENT BILL OF RIGHTS

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL WITH THEIR RIGHTS RESPECTED. THIS FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING LIST OF PATIENT'S RIGHTS:

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability or source of payment.
- To be treated with respect, consideration and dignity in receiving care, treatment, procedures, surgery and/or services.
- To be provided privacy and security of self and belongings during the delivery of patient care services.
- To receive information from their physician about his/her illness, course of treatment and prospects for recovery in terms that the patient can understand.
- To receive as much information about any proposed treatment or procedures as they may need in order to give informed consent prior to the start of any procedure or treatment.
- 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.
- 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 will be reported to the physician and documented in the medical record. To appropriate assessment and management of pain.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.
- Confidential treatment of all communications and records pertaining to his/her care and stay in the facility. The patient's written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with their care. The

facility has established policies to govern access and duplication of patient records.

- To leave the facility even against the advice of his/her physician.
- Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
- Be informed by his/her physician or a delegate of the physician of the continuing health care requirements following discharge from the facility.
- 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.
- To know which facility rules and policies apply to his/her conduct while a patient.
- To have all patient's 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 rights.
- To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care. The patient's written consent shall be obtained and retained in his/her patient record.
- To examine and receive an explanation of his/her bill regardless of source of payment.
- To be free from mental and physical abuse, free from exploitation, and free from use of restraints. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel

RIGHTS AND RESPECT FOR PROPERTY AND PERSON:

The patient has the right to:

- Exercise his/her rights without being subjected to discrimination
- Receive information on treatment and care
- Make decisions regarding treatment and care
- Security of self and property during delivery of care services

PRIVACY AND SAFETY:

The patient has the right to:

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment
- Request a different physician or provider

PATIENT'S RESPONSIBILITIES:

- Provide the facility with current and accurate health insurance information
- Accept personal financial responsibility for any charges not covered by your insurance
- Provide the facility with complete and accurate information to the best of your ability about your health and medications, including over-the-counter products, dietary supplements and any allergies or sensitivities
- Follow the treatment plan prescribed by your provider
- Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider
- Be respectful of all the health care providers and staff, as well as other patients

ADVANCE DIRECTIVES:

You have the right to information on the center's policy regarding Advance Directives.

THE POLICY OF THIS FACILITY REGARDING ADVANCE DIRECTIVES:

Advance Directives will not be honored within the center. In the case of a life-threatening event, emergency medical procedures will be implemented. Patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family. If you have Advance Directives, you may bring them with you. In the event of transfer to a hospital, they may be honored at that time. Advanced Directive forms may be downloaded at www.michigan.gov

PHYSICIAN FINANCIAL INTEREST AND OWNERSHIP:

The center is owned and operated by:

David R. Byrd, M.D., PC. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

SUBMISSION AND INVESTIGATION OF GRIEVANCES:

You have the right to have your verbal or written grievances submitted, investigated and to receive a written notice of the Center's decision.

You may contact the following:

Compliance Officer
Rochester Skin Cancer and Surgery Center
405 Barclay Circle, Rochester Hills, MI 48307
248-293-0800

You may contact your state representative to report a complaint:

The Bureau of Community and Health Systems (BCHS)
P O. Box 30664, Lansing, MI 48909
517-335-1980 State Website:
<https://www.michigan.gov/en/lara/bureau-list/bpl/complaint> or
<https://www.michigan.gov/lara/bureau-list/bsc/file-a-complaint-with-bsc>

Sites for address and phone numbers of regulatory agencies:

Medicare Beneficiary Ombudsman:
1-800-MEDICARE (1-800-633-4227) to submit enquiry to Medicare Ombudsman

Medicare:
www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

Office of the Inspector General: <http://oig.hhs.gov>