

PATIENT RIGHTS, RESPONSIBILITIES AND NOTIFICATION OF PHYSICIAN OWNERSHIP

AS A PATIENT OF MAUI UROLOGY, LLC YOU HAVE THE RIGHT TO RECEIVE THE FOLLOWING INFORMATION IN ADVANCE OF THE DATE OF A PROCEDURE

PATIENT'S BILL OF RIGHTS:

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

PATIENT 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 service.
- 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.
- To receive as much information about any proposed treatment or procedures, including risks and potential unanticipated outcomes, as he/she 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 shall be reported to the physician and documented in the medical record.
- 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.
- 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 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.
- 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 his/her physician of the continuing health care requirements following his/her discharge for 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.
- Know which facility rules and policies apply to his/her conduct while a patient.
- 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.
- 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 for participation in research shall be obtained and retained in his/her patient record.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- To appropriate assessment and management of pain.
- You have the right to change your provider if another qualified provider is available.

PATIENT RESPONSIBILITIES:

Prior to receiving care patients are required to:

- Provide complete and accurate information to the best of his/her ability about his/her health, and any medications, including over-the-counter products and dietary supplements, and any allergy or sensitivities.
- Follow the treatment plan prescribed by his/her provider and participate in his/her care.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours if directed by the physician, if undergoing procedures that require anesthesia.
- Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Be respectful of all the health care providers and staff, as well as other patients.

IF YOU NEED A TRANSLATOR:

If you will need a translator, 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 accompany you on the day of your procedure.

RIGHTS AND RESPECT FOR PROPERTY AND PERSON:

THE PATIENT HAS THE RIGHT TO:

- Exercise his or her rights without being subjected to discrimination or reprisal
- Voice grievance regarding treatment or care that is, or fails to be, furnished
- Be fully informed about a treatment or procedure and the expected outcome before it is preformed
- Confidentiality of personal medical information

PRIVACY AND SAFETY:

THE PATIENT HAS THE RIGHT TO:

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse, neglect or harassment

SUBMISSION AND INVESTIGATION OF GRIEVANCES, COMMENTS AND SUGGESTIONS:

You have the right to have your verbal or written grievances, comments and suggestions submitted and investigated and to receive a written or verbal notice of the Center's decision within 5 business days.

THE FOLLOWING ARE THE NAMES AND/OR AGENCIES YOU MAY CONTACT:

ADMINISTRATOR
Maui Urology, LLC
1883 Mill St, Ste A
Wailuku, Hawaii 96793
808-242-8765

YOUR HAWAII STATE REPRESENTATIVE
<http://health.hawaii.gov/maui/>
INSPECTIONS & INVESTIGATIONS
Department of Health
808-586-4400

SITES FOR ADDRESS AND PHONE NUMBERS OF REGULATORY AGENCIES:

MEDICARE OMBUDSMAN WEBSITE www.medicare.gov/Ombudsman/resources.asp

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

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

PHYSICIAN FINANCIAL INTEREST AND OWNERSHIP:

Maui Urology, LLC is owned by the physician(s). Some surgeries are done at Aloha Ambulatory Surgery Center. The physician(s) who referred you to this surgery 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.

Copies of this notice are available at the reception area.