

## Patient's Bill of Rights

**As a patient of Tennessee Valley Eye Center, you have the right to receive the following information, in advance of the date of the procedure. 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:**

- 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 your physician about your illness, your course of treatment and your prospects for recovery in terms that you can understand.
- To receive as much information about any proposed treatment or procedures as you 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 care that is recommended by the physician. Accordingly, you may accept or refuse any recommended medical treatment. If treatment is refused, you have the right to be told what effect this may have on your 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 the convenience of facility personnel.
- Full consideration of privacy concerning your 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 your care and your stay in the facility. Your written permission shall be obtained before your medical records can be made available to anyone not directly concerned with your care. The facility shall establish policies to govern access and duplication of a patient's record.
- Leave the facility even against the advice of your 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 your physician or a delegate of your physician of the continuing health care requirements following your 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 your care
- Know which facility rules and policies apply to your conduct while a patient.

- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on your behalf. 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. Your written consent for participation in research shall be obtained and retained in your patient record.
- Examine and receive an explanation of your bill regardless of source of payment.
- To appropriate assessment and management of pain.

**Advance Directives:** You have the right to information on the Center's policy regarding Advance Directives. Advance Directives will not be honored within the Center. In the event 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 the patient or patient's representative wants Advance Directives to be honored, the patient will be offered care at another facility that will comply with their wishes. We can provide state advance directive forms if requested.

**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 our decision.

To file a grievance, you may contact the following individuals or agencies:

- TVEC Administrator – 160 Capital Drive, Knoxville, TN 37922 / Telephone: 865.251.0338
- Your State Representative
- TN Dept. of Health Division of Health Care Facilities, <https://www.tn.gov/health/health-professionals/hcf-main/filing-a-complaint.html>, or by mail to Division of HealthCare Facilities, Centralized Complaint Intake Unit, 665 Mainstream Drive, Second Floor, Nashville, TN 37243
- Medicare Ombudsman, <https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>
- Medicare, [www.medicare.gov](http://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**

The physician(s) performing procedures at this Center have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice.

### **Rights and Respect for Property and Person**

The patient has the right to

- Exercise your right 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 performed.

### **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.