

Tennessee Valley Eye Center

Patient Rights and Responsibilities

Tennessee Valley Eye Center provides ophthalmology surgery services. To promote patient safety, we encourage you to speak openly with your healthcare team, be well-informed, and take part in care decisions and treatment choices. Join us as active members of your health care team by reviewing the rights and responsibilities listed below for patients and patient representatives.

You or your designee have the right to:

Respectful and Safe Care

- Be given considerate, respectful and compassionate care.
- Be given care in a safe environment, free from abuse and neglect (verbal, mental, physical, or sexual).
- Know the names, roles, and credentials of your health care team.
- Have your culture and personal values, beliefs and wishes respected.
- Be treated without discrimination based on race, color, national origin, age, gender, sexual orientation, gender identity or expression, disability, religion, ethnicity, or language.
- Be given a list of protective services, when needed to protect your right to be free from abuse or neglect.
- Ask for an estimate of charges before care is provided.

Effective Communication and Participation in Your Care

- Get information in a way you can understand. This includes sign language and foreign language interpretation.
- Get information from your doctor/provider about:
 - Your diagnosis
 - Outcomes of care
 - Unanticipated outcomes of care
 - Instructions for your care after surgery
- Be involved in your plan of care/treatment.
- Involve your family in decisions about care.
- Ask questions and get a timely response.
- Have your pain assessed and addressed.
- Refuse care.

Understand Facility Ownership

- Select a different healthcare facility for your care.
- Understand that your physician may have an ownership interest in this facility.

Informed Consent

- Give permission (informed consent) before any non-emergency care for procedures requiring informed consent, including risks and benefits of the proposed treatment and alternatives to the proposed treatment.
- Agree or refuse to be part of a research study without affecting your care.
- Agree or refuse to allow pictures or video for purposes other than your care.

Privacy and Confidentiality

- Have privacy and confidential treatment and communication about your care.
- Be given a copy of our HIPAA Practices

Advance Directives

- Provide your care team with your Advance Directives.
- In the event of an emergency, we will transfer you to another healthcare facility.

Your advance directives will be provided to the receiving facility.

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You or your designee have the right to:

Complaints and Grievances

- Complain and have your complaint reviewed without affecting your care or being subjected to discrimination or reprisal. If you have a problem or complaint, you may talk to your doctor, the TVEC administrator, a nurse manager or department manager.
- To reach us directly with a complaint:
Tennessee Valley Eye Center
865-251-0338
OR
If your issue is not resolved to your satisfaction, other external groups you may contact include:
- State Agency:
TN Dept of Health Division of Healthcare Facilities
Centralized Complaint Intake Unit
227 French Landing, Suite 501
Heritage Place MetroCenter
Nashville, TN 37243
www.TNanytime.org/residents/consumer.html
- Accreditation Agency:
Accreditation Association for Ambulatory Healthcare
5250 Old Orchard Rd., Suite 200
Skokie, IL 60077
847-853-6060
- To report discrimination concerns:
US Department of Health and Human Services
Office of Civil Rights
200 Independence Ave. SW, Room 509F
Washington, DC 20201
800-368-1019
- To address Medicare concerns, contact the Medicare Ombudsman:
800-633-4227
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

You have the responsibility to:

- Provide accurate and complete information about your health, address, phone number, date of birth, insurance carrier and employer.
- Provide a responsible adult to stay with you during your surgery and make sure you return home safely.
- Notify us if you cannot keep your appointment.
- Be respectful of your healthcare team, including the doctors, nurses, technicians, and support staff.
- Be considerate in language and conduct of other people and property, including others' privacy.
- Be in control of your behavior if you are feeling angry.
- Provide us with a copy of your advance directive, if you have one.
- Ask questions if there is anything you do not understand.
- Report unexpected changes in your health.
- Take responsibility for your care and follow post-surgical instructions.
- Understand the consequences for refusing care.
- Leave valuables at home. We cannot take responsibility for valuables brought with you to TVEC.
- Keep all information about staff and other patients private.
- Do not use cellphones or other devices to take pictures, videos or recordings without permission from staff.
- Submit payments in a timely manner or contact us to discuss your financial obligations.

KNOXVILLE EYE SURGERY CENTER, LLC

Tennessee Valley Eye Center
140 Capital Drive, Suite 2
Knoxville, TN 37922

HIPAA: Patient Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I understand and have been provided with a Notice of Privacy Policy that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent,
- The right to object to the use of my health information for directory purposes, and
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations

I wish to have the following restrictions to the use or disclosure of my health information:

We will need to use your information to contact you with appointment reminders; do we have your permission to:

Leave message on answering machine? ☐ Yes ☐ No

Leave message with family member? ☐ Yes ☐ No

I fully understand and ☐ **accept** ☐ **decline** the terms of this consent.

STATEMENT BILLING: I understand I may receive 3 separate statements (bills) for my surgery in the event the procedure is not completely covered by my insurance. Each billing office is separate.

- 1 statement from your surgeon
- 1 statement from Knoxville Eye Surgery Center
- 1 statement from your anesthesia provider

Patient's Signature

Witness Signature

Date

Preparing for Your Eye Surgery

Thank you for choosing Tennessee Valley Eye Center! To ensure that you have the best possible outcome and experience, please review the following instructions related to your upcoming surgery.

Special COVID-19 Safety Precautions:

- If you are experiencing any new symptoms that are flu or COVID-like, such as fever, coughing, sore throat, vomiting or diarrhea, or if you have been exposed to someone with COVID-19 in the last 10 days, please call us prior to coming to TVEC.
- Bring a mask for you and for your driver. We require everyone in our facility to wear a mask at all times.

Preparing for surgery:

- You will be notified of your scheduled arrival time one to two days prior to the day of surgery. Please arrive on time.
- If your arrival time is before noon, DO NOT eat or drink anything past midnight the night before, including water, coffee, hard candy, gum, or food of any kind.
- If your arrival time is later than noon, YOU MAY drink clear liquids until 7:00 a.m. the morning of surgery. Clear liquids include water, black coffee, tea, Sprite, Coke, Jell-O, clear bouillon, or apple juice.
- Do not use tobacco products after midnight the night before your surgery.
- Take heart, blood pressure, seizure, breathing, thyroid and stomach medications as your doctor has directed the morning of surgery with only a sip of water.
- Do not take insulin or oral diabetic medications the morning of surgery.
- Wear loose, comfortable clothing.
- Do not wear jewelry (including wedding rings), make-up or hairspray.
- Do not bring valuables with you.
- You must be accompanied by a responsible adult driver who will stay with you at the center while you have surgery and will drive you home. If you do not have someone who can stay and accompany you home, we will have to reschedule your surgery.
- Any patient unable to give consent for surgery must be accompanied by the person who has power of attorney for healthcare decisions and bring a copy of the POA, or must arrange to give consent in advance.
- Bring your current insurance cards and a photo ID with you on the day of surgery.