



PATIENT RIGHTS, RESPONSIBILITIES AND NOTIFICATION OF PHYSICIAN OWNERSHIP

AS A PATIENT OF THE STERN CENTER FOR AESTHETIC SURGERY, INC. YOU HAVE THE RIGHT TO RECEIVE THE FOLLOWING INFORMATION IN ADVANCE OF THE DATE OF YOUR 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 course of treatment and recovery in terms that he/she can understand.
- If an interpreter is needed, we will have one available or one can be arranged by the patient.
- To receive as much information about any proposed treatment of 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 procedure or treatment that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended procedure or treatment.
- 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 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 responsible for the coordination of his/her care.
- Know which facility rules and policies apply to his/her conduct while a patient.
- All patient's rights apply to the person who may have legal responsibility to make decisions regarding 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.
- To be given access to protective services if needed.

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 physician 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.
- Accept personal financial responsibility for any charges.
- Be respectful of all the health care providers and staff, as well as other patients.
- Sharing expectations. Patients should provide the practice with information about their expectations of and satisfaction with the practice.
- Asking questions. Patients should ask questions when they do not understand their care, treatment, or services or what they are expected to do.
- Accepting consequences. Patients should accept their share of responsibility for the outcomes of care, treatment, or services if they do not follow the treatment plan.

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 or submit in writing any grievance or complaint about your care and treatment without fear of retribution or denial of care.
- Be fully informed about a treatment or procedure and the expected outcomes before it is performed.
- Be informed of unanticipated outcomes in accordance with state law.
- 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, harassment, exploitation, and unauthorized removal or abduction while under the care of the facility. The facility will take appropriate steps to protect patients and will report suspected abuse or neglect in accordance with applicable laws. Patients have the right to access or be referred to appropriate protective services agencies when concerns arise. Adult Protective Services (WA) :1.877.734.6277
- The facility maintains processes to ensure patients are discharged only to authorized individuals and that patient identity is verified prior to discharge.
- Patients have the right to express concerns regarding emotional distress, anxiety, or thoughts of self-harm.
- Our staff are trained to respond appropriately and ensure patient safety.
- If a patient expresses thoughts of self-harm or suicide, appropriate measures will be taken, which may include notifying a physician, contacting a responsible party, or arranging transfer to a higher level of care.
- In situations where there is concern for immediate safety, emergency services may be contacted.

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 notice of the Center's resolution within 3 business days.

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

Sophia Reeder, Office Manager
1370 116th Ave NE #102
Bellevue, WA 98004
425-455-9100
Complaint Line 1-844-263-5390
Toll-Free

YOUR WASHINGTON STATE REPRESENTATIVE
Inspections & Investigation
Dept. of Health
PO Box 47874
Olympia, WA 98504
Complaint Hotline 1-800-633-6828

THE JOINT COMMISSION
Office of Quality Patient Services
630-792-5941

SITES FOR REGULATORY AGENCY:

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

PHYSICIAN FINANCIAL INTEREST AND OWNERSHIP:

The Stern Center for Aesthetic Surgery, Inc. PC is owned solely by Fredric A. Stern, MD.