



Dr. Black's  
eye associates  
Black • Pugh

## **Patient Rights, Responsibilities and Grievance Process**

All patients and / or designated representatives have the following rights, responsibilities and grievance process in relation to their admission, treatment and discharge / transfer:

### **PATIENT RIGHTS**

- ✚ Be treated with dignity, compassion, comfort, courtesy, and respect by all who provide services.
- ✚ Receive quality care that is continuous, coordinated, administered in the appropriate setting, and which respects personal values and beliefs.
- ✚ Consent to or refuse treatments, medications, or procedures, and be informed of the medical consequences of your decision.
- ✚ Decide who will / will not participate in your care: health care workers, family, and others.
- ✚ Receive current information on diagnosis, treatment, choices, risks, and prognosis to decide whether to accept or refuse treatment.
- ✚ Make health care directives and / or choose another person to make decisions about health care in the event of inability to do so.
- ✚ Be assured personal privacy, security, and the appropriate confidentiality of personal medical records.
- ✚ Request that information about presence at the surgical center not be made available to the public.
- ✚ Know the identity of people who are providing care.
- ✚ Assist in obtaining interpreter or assistive equipment to facilitate communication as indicated.
- ✚ Utilize surgery center resources available to assist with concerns and answer questions about the stay and care.
- ✚ Be given appropriate and professional quality health care services without any form of discrimination.
- ✚ Receive and examine an explanation of the surgery centers' charges.
- ✚ Expect a reasonable response to requests for treatment / service.

### **PATIENT RESPONSIBILITIES**

- ✚ Take care of one's health to the best of your ability.
- ✚ Ask questions when you do not understand what you have been told about your care or what is expected of you.
- ✚ Follow the treatment plan agreed upon by you and your doctor and to accept the results if you refuse recommended treatment.
- ✚ Make your choices(s) known to responsible individuals.
- ✚ Give accurate and complete information about matters relating to your health.
- ✚ Tell your doctor and staff of the center of any health care directives.
- ✚ Display consideration toward other patients, visitors and surgery center staff.

### **GRIEVANCE PROCESS**

- ✚ Any patient and / or patient representative who identifies an issue which presents a conflict in the care the patient is receiving shall be encouraged to address that issue with the following staff in order of the priority listed: Direct Patient Care Provider, Director of Nursing, Administrator.
- ✚ In the event the conflict cannot be resolved with the above personnel, the patient and / or patient representative shall be directed to the Medical Director and / or the Governing Board.
- ✚ All grievances will be addressed within two (2) weeks of the received grievance.

Eye Associates is owned by Bradley C. Black, M.D. and Kristopher R. Pugh, M. D.  
The facility's guiding principle is:

**Each patient is to be treated & cared for as though they were a member of our family.**

### **COMPLAINTS**

Complaints may be reported by calling or contacting the Indiana State Department of Health or the State or Local Ombudsman at:

**Indiana State Department of Health**

Division of Acute Care  
2 North Meridian Street  
Indianapolis, IN 46204  
(800) 246 – 8909 or (317) 233 – 7241

**Local and Regional Ombudsmen**

Lisa Worden, Local Ombudsman  
Ombudsman Office, Area 14  
317 E 5<sup>th</sup> Street, Suite 222  
New Albany, IN 47150 (812) 948 - 6428

**Or email complaints to:**

complaints@ isdh.in.gov

**AAAHC Accreditation Association**

5250 Old Orchard Rd., Suite 200  
Skokie, Illinois 60077 (847) 853 - 6060