



**DOC | Miami Valley Ambulatory Surgery Center
1010 Woodman Drive, Dayton, OH 45432**

As a Patient, you have the right:

- To receive quality medical care regardless of your age, sex, religion, national origin, sexual preference, disability, health status or ability to pay.
- To be treated with respect, consideration and dignity by all Miami Valley Ambulatory Surgery Center Personnel.
- To information contained in your medical record concerning diagnosis, evaluation, treatment and prognosis
- To participate in decisions involving your health care, except when such participation is contraindicated for medical reasons.
- To your records being treated confidentially with the opportunity for you to approve or refuse the release of your record, except when release is required by law.
- To personal privacy. Any discussion, consultation, examination and/or treatment regarding your care will be done discreetly. Those not directly involved in the patient's care must have the permission of the patient to be present.
- To be seen in a safe and clean environment.
- To have special needs met, such as an interpreter to help with communication.
- To appoint a person to make health care decisions on your behalf in the event you lose the ability to do so.
- To make advance directives regarding your medical care and have them honored.
- To file a complaint about your care without fear of penalty, to have your complaint reviewed, and when possible, resolved.
- To refuse to participate in experimental research.
- To examine and receive an explanation of their billing statements, regardless of the source of payment.
- To know what the center rules and regulations apply to his/her conduct as a patient, and the patient has an obligation to respect the rules of the center.
- To know the names of his/her attending practitioner, the names of all other practitioners directly participating in his/her care and functions of other health care persons having direct contact with the patient.
- To change his/her provider if other qualified providers are available.

As a patient, your responsibilities are:

- To provide, to the best of your knowledge, complete information about your symptoms, past illnesses, medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.



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- To follow the treatment plan prescribed by his/her provider.
- To provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
- To inform his/her provider about any living will, medical power of attorney or other directive that could affect his/her care.
- To notify the MVASC of any changes in address, phone numbers or insurance coverage (provide a current copy of insurance card).
- To accept personal financial responsibility for any charges not covered by his/her/her insurance.
- To ask questions if you do not understand explanations about your care or services.
- To be responsible for your actions if you refuse treatment or do not follow your physician's plan of care.
- To follow the organization's policies.
- To be courteous and considerate of the MVASC personnel and other patients.

The physicians, nurses and the entire staff at Miami Valley Ambulatory Surgery Center are committed to assure you reasonable care. Should you have a complaint or grievance related to our center, contact the Director of Nursing at (937)252-5500.

If your complaint or grievance is not resolved to your satisfaction, you may contact the Ohio Department of Health, Provider and Consumer Services Unit, 2nd floor, 246 North High Street, Columbus, Ohio 43215, 1-800-342-0553. Presentation of a complaint will not compromise your care under any circumstances.

You may also contact Medicare Ombudsman at 1-800-MEDICARE (1-800-633-4227)

You may also contact AAAHC at 847-853-6060

Patient's Signature

Date

Witness Signature

Date