

EAST TENNESSEE AMBULATORY SURGERY CENTER

PATIENT RIGHTS

- **To receive treatment without discrimination as to race, color, religion, sex, national origin or source of payment. In situations where this office does not participate with a particular insurance carrier, the patient may choose to receive services, understanding that they are responsible for the cost of those services.**
- **To receive considerate and respectful care in a clean, safe environment, free of unnecessary restraints.**
- **To understand the indications for a specific procedure.**
- **To receive all information necessary to give informed consent for any procedure, including the possible risks and benefits to a procedure.**
- **To receive complete information about your diagnosis, planned treatment, and prognosis. When it is medically inadvisable to give such information to the patient, the information will be provided to a person designated by the patient or to a legally authorized person.**
- **To participate in all decisions involving your health care, except when such participation is contra-indicated for medical reasons.**
- **To be assured of the privacy and confidentiality of your medical records and the integrity of all information and records regarding your care.**
- **To approve or refuse the release the release of your medical records except as required by law.**
- **To be aware of fees for services and the billing process.**
- **To refuse treatment and be told what effect this may have on your health. To complain without fear of reprisals, about the care and service you receive in this facility.**
- **To be assured of the safe use of equipment by trained personnel.**
- **To refuse to participate in experimental research.**
- **To provide the health care providers with information about any past illnesses, hospitalizations, medications, and other health matters.**
- **To ask questions if they do not understand instructions or explanations given by the health care providers and/or staff.**
- **To keep appointments as scheduled and to telephone the office in case of cancellation.**
- **To follow health care providers instructions and plan of treatment.**
- **To make payments for services rendered if a balance remains after insurance pays.**
- **To discuss the consequences of refusing treatment, not adhering to a plan of treatment, or leaving AMA with their physician.**
- **To refuse to participate in experimental research, if that is their desire.**
- **To refuse to allow care from a student or trainee, of that is their desire**