

*Vision Surgery & Laser Center, LLC  
2435 NW Kline St  
Roseburg OR 97471  
541-673-8182*

*Owner  
Jon-Marc Weston MD*

*Associates  
Andrea Gray, MD  
John Hunts, MD  
Steve Trommes, OD*

## **Rights and Responsibilities of Patients**

Vision Surgery & Laser Center, LLC will provide medical treatment without regard to race, creed, nationality, gender or beliefs. The Vision Surgery & Laser Center, LLC pledges to respect your rights, property and person. These rights may be exercised without fear of discrimination or reprisal. These rights also apply to your legal representative, if applicable.

### **Rights of Patients**

As a patient, you have the right to:

- 1) Safe, considerate, respectful care.
- 2) Know the names of doctors caring for you.
- 3) Receive, from your doctor, information concerning your care and condition in terms you can understand, and information necessary to give informed consent before the start of any procedure.
- 4) Contact the facility Administrator if you have concerns with the care you received while admitted at Vision Surgery and Laser Center, LLC or you may contact the State of Oregon Department of Human Services by calling (971) 673-0540 or writing to them at, 800 NE Oregon Street Ste 305, Salem, OR 97232 or you may contact the Medicare Ombudsman by calling 1-800-MEDICARE (1-800-633-4227) or by visiting the website, <http://www.medicare.gov/Ombudsman/activities.asp>
- 5) Refuse treatment and to be informed of the medical consequences of your refusal.
- 6) An Advance Directive is a legal document that is prepared in advance of when it is needed that defines critical decisions about a person's health care. It indicated the type of medical treatment the person wishes to receive or not receive in the event that he or she is unable to do so.

In the ambulatory surgery setting, a procedure is generally performed electively to enhance or improve the patient's quality of life; therefore, an Advance Directive will be suspended during your stay at Vision Surgery & Laser Center. This means that you would consent to resuscitation and transfer to a higher level of care, should an unforeseen event occur. If you disagree, you must address this issue with your physician prior to your scheduled procedure.

- 7) Vision Surgery & Laser Center, LLC is a physician owned facility. Owner(s) names are printed on the front.

- 8) Confidentiality of records and communications regarding your care. We follow the rules of the Health Insurance Portability and Accountability Act (HIPAA).
- 9) Give or withhold your consent to participate in research projects or procedures.
- 10) Have a family member or representative of your choice accompany you for your surgery at Vision Surgery and Laser Center, LLC.
- 11) Receive care in a safe and private setting.
- 12) Be free from all forms of abuse and harassment.
- 13) Access information contained in your clinical records within a reasonable time frame.
- 14) You have the right to voice grievances regarding treatment or care that that is (or fails to be) furnished.

### **Responsibilities of Patients**

As a patient you have the responsibility to:

- 1) Participate actively in decisions regarding your health care.
- 2) Provide accurate, complete and timely information regarding your medical history, current symptoms and problems, correct billing information including insurance coverage and other matters relating to your health.
- 3) Ask questions and seek clarification in order to understand and be informed about your diagnosis and treatment, as well as what is expected of you.
- 4) Notify your doctor or nurse at once if you notice any changes in your health, you have any concerns about your care, or you cannot or will not follow a certain treatment plan.
- 5) Follow the instructions and advice of your doctor.
- 6) Be considerate of other patients and surgery center personnel.

**To hear the above Rights and Responsibilities please call 541-673-8182 and Press "2".**

**Vision Surgery & Laser Center, LLC**

**Practice Administrator or Nurse Manager**

**541-673-8182**

**I have received my rights verbally and in writing in advance of my procedure.**

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Patient's signature (or Patient's Representative)

Date

## POLICY AND PROCEDURE

### Notice of Policy Regarding Advance Directives

Vision Surgery & Laser Center, LLC requires the following notice regarding Advance Directives to be read and signed by the patient or the patient's representative prior to the scheduled procedure in order to comply with the Patient Self Determination Act (PSDA) and state law.

An Advance Directive is a legal document that is prepared in advance of when it is needed that defines critical decisions about a person's health care. It indicated the type of medical treatment the person wishes to receive or not receive in the event that he or she is unable to do so.

In the ambulatory care setting, a procedure is generally performed electively to enhance or improve the patient's quality of life; therefore, an Advance Directive will be suspended during your stay at Vision Surgery & Laser Center, LLC. This means that you would consent to resuscitation and transfer to a higher level of care, should an unforeseen event occur. If you disagree, you must address this issue with your physician prior to signing this form and prior to you scheduled procedure.

I understand that I am not required to have an Advance Directive in order to receive medical treatment in this facility. I have read and fully understand the information presented in this notice.

Please check the appropriate box below and sign at the bottom of the page.

- I have executed an Advance Directive
- I have **not** executed an Advance Directive

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Patient's signature (or Patient's Representative)

Date