

The Bellona Surgery Center provides medical treatment without regard to race, creed, sex, nationality, gender or source of payment. As our patient, you are entitled to safe, considerate, respectful and dignified care at all times.

As our patient at The Bellona Surgery Center, you have the right to:

- Receive service(s) without regard to age, race, color, sex, sexual orientation, marital status, national origin, cultural, economic, educational, or religious background or the source of payment for care.
- Be treated with consideration, respect, and dignity including privacy in treatment.
- Be informed of the services available at the center.
- Be informed of the provisions for off-hour emergency coverage.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and non-physicians who will participate in the care
- Receive information from his/her physician about his/her illness, course of treatment and prospects for recovery in terms that he/she can understand.
- Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
- Participate actively in decisions regarding his/her medical treatment including the right to refuse treatment, and/or participation in experimental research to the extent permitted by law and to be fully informed of the medical consequences of his/her action.
- Have pain assessed and managed as part of the treatment process. Have your reports of pain believed and responded to quickly.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely. The patient has the right to be advised as to the reason for the presence of any individual.
- Confidential treatment of all communications and records pertaining to his/her care. Written permission shall be obtained before medical records can be made available to anyone not directly concerned with his/her care
- Reasonable responses to any reasonable requests he/she may make for service.
- Leave the Center even against the advice of physicians.
- Be informed regarding patient billing practices, charges for services; eligibility for third-party reimbursements; and when applicable, the availability of free or reduced-cost care.
- Receive a copy of his/her account statement, upon request.
- Voice grievances and recommend changes in policies and services to the center's staff, the operator, and the Maryland State Department of Health without fear of reprisal.
- Make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
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As our patient at The Bellona Surgery Center, it is your responsibility to:

- Providing accurate and complete information concerning his/her present condition or complaints, past medical history, and other matters about his/her health.
- Discussing expectations regarding to pain and pain management. Discussing pain relief options with the doctor and nurses. Asking for pain relief when pain first begins. Helping the doctor and nurses assess the pain. Telling the doctor or nurse if the pain is not relieved and telling the doctor or nurse about any worries about taking pain medications.
- Making it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.
- Following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- Keeping appointments and for notifying the facility or physician when he/she is unable to do so.
- His/her actions should he/she refuse treatment or not follow his/her physician's orders.
- Assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
- Following facility policies and procedures as related to them.
- Being considerate of the rights of other patients and facility personnel.
- Being respectful of his/her personal property and that of other persons in the facility.

Complaints

Any concern or complaint may be communicated to the Centers administrator at 410-296-0495 or Maryland Department of Health and Mental Hygiene • Office of Health Care Quality
Spring Grove Center • Bland Bryant Bldg. • 55 Wade Avenue • Catonsville, MD 21228 • 410-402-8015
<http://www.medicare.gov/Ombudsman/activities.asp>

Advanced Directive Policy

As an outpatient surgery facility that performs elective and lower risk procedures, this facility does not honor Advanced Directives, living wills, or Do Not Resuscitate (DNR) orders.

Surgery Center Ownership

The following surgeons may have ownership interest in this Surgery Center. You have the right to choose to obtain services from a different health care entity. If you have any questions concerning this, please ask to speak with the Nurse Administrator.

Dr. Michael Cohen/Dr. Larry Lickstein/Dr. Patrick Byrne
8322 Bellona Avenue
Suite 300
Towson, MD 21204

Patient Name: _____

Patient Understanding of Provided Information

_____ I have read, understand, agree and have no questions in regards to the information provided to me, prior to the date of my procedure, regarding:

- Patient rights
- Patient responsibilities
- Complaints
- Advanced directives
- Ownership

_____ I have read but have additional questions regarding the information given to me, prior to the date of my procedure, which I will discuss with my surgeon, regarding:

- Patient rights
- Patient responsibilities
- Complaints
- Advanced directives
- Ownership

Patient/Surrogate Signature _____ Date: _____

Nurse/Secretary Signature _____ Date: _____