

DENVER EYE SURGERY CENTER
13772 Denver West Parkway, #120, Building 55 ♦ Lakewood, CO 80401
Voice: (303) 279-6600 Fax (303) 273-8775

PATIENT RIGHTS AND RESPONSIBILITIES:

Denver Eye Surgery Center recognizes the following patients' rights and responsibilities:

1. To be treated with respect, consideration, and dignity.
2. To enjoy personal privacy and the right to privacy, of any information or treatment concerning his/her own medical care.
3. To know the person or persons responsible for coordinating his/her care.
4. To receive care in a safe setting, free from all forms of abuse or harassment.
5. To be free from any act of discrimination or reprisal.
6. To approve or refuse release of patient disclosures and records.
7. To be provided with information concerning their diagnosis, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
8. To receive from his/her physician enough information so that he/she may understand the procedure or treatment being received in order to sign the informed consent.
9. To make health care decisions including:
 - a. The right to accept or refuse medical care and/or treatment unless care is ordered by a court.
 - b. The right to make advanced directives, including directives related to: 1) Cardio Pulmonary; 2) Resuscitation, 3) Substitute Decision Makers (Medical Proxies); 4) Medical Durable Power of Attorney; 5) Guardians; and 6) Living Wills.
 - c. The right to be informed of the consequences of his/her actions.
10. To participate in decisions involving his/her health care, except when such participation is contraindicated for medical reasons.
11. To know and to refuse any research to be done during his/her treatment.
12. To expect quality care and service from Denver Eye Surgery Center.
13. To be informed of mechanism by which he/she will have continuing health care following discharge from Denver Eye Surgery Center.
14. To examine and receive an explanation of his/her bill regardless of source of payment.
15. To know in advance the estimated amount of his/her bill.
16. To know services available at the Denver Eye Surgery Center.
17. To know methods for expressing grievances and suggestions.
18. To know information concerning the institution to which he/she may have to be transferred.
19. To know that marketed or advertised competence and capabilities of Denver Eye Surgery Center are not misleading.
20. To transfer providers (within the Surgery Center or outside the Surgery Center) at any time.
21. Be respectful of all the health care professionals and staff, as well as other patients.
22. Provide complete and accurate information to the best of his/her ability about his/her health, any medication, including over-the-counter products and dietary supplements and any allergies or sensitivities.
23. Follow the treatment plan prescribed by his/her provider and participate in his/her care.

This document has been verbally reviewed in entirety with the Patient/Parent/Guardian and Surgery Counselor. Signature indicates understanding and acceptance of Patient Rights and Responsibilities.

Patient/Parent/Guardian's Signature

Date

Witness

Date

Commented [k1]: DISCLOSURE OF OWNERSHIP
Dr. Maus, DR. Kumar and Dr Stahl do have financial interest
in this facility