

PATIENT RIGHTS

The following list of patient rights is not intended to be all inclusive. A Patient receiving care and services at Toledo Clinic has the right to:

1. Receive considerate, ethical and cost effective medical care in a safe environment, as appropriate to his/her health care needs.
2. Be treated with respect and consideration for his/her cultural, psychosocial, spiritual and personal values.
3. Have his/her privacy and personal dignity maintained.
4. Reasonable access to care and knowledge in advance of the time and location of his or her appointment/procedure.
5. Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names of other health care providers and/or staff who may be involved in treatment or services.
6. Participate actively in any decision regarding his/her medical care. This includes the right to refuse treatment, even if against the advice of his/her physician.
7. Have his/her physician provide as much information about any diagnosis, proposed treatment or procedure, alternative treatments and prognosis as necessary in order to give informed consent or to refuse the course of treatment.
8. Receive information in a manner that he/she understands, with access to an American Sign Language or foreign language interpreter, if needed.
9. Expect that all communication and information regarding his/her medical care, personal health information and records will be treated as confidential.
10. Have access to information contained in his/her medical record in accordance with Toledo Clinic policy and approve or refuse release of medical information (except when release is required by law.)
11. Examine and receive explanation of any billing and/or costs upon request.
12. Change provider if other qualified physicians are available or, at his/her own expense, consult with another physician or specialist.
13. Formulate an Advance Directive regarding his/her health care, and have Toledo Clinic Outpatient Surgery Center physicians and staff comply with these directives (as defined in department policies and as provided by state laws and regulations).
14. Address a grievance or complaint regarding care or service without fear of reprisal.
15. A patient's guardian, next of kin or legally authorized responsible person has the right to the extent permitted by law, to exercise on the patient's behalf the delineated rights if the patient:
 - Has been adjudged incompetent in accordance with the law.
 - Has designated a legal representative to act on his/her behalf
 - Is a minor.

PATIENT RESPONSIBILITIES

A patient is responsible for facilitating the delivery of his/her healthcare. Patient responsibilities include:

1. Providing accurate and complete information concerning his /her present symptoms, past medical history and other matters relating to his or her health.
2. Making it known whether he /she clearly comprehends the planned or recommended course of his/her medical treatment and what is expected of him/her.
3. Following the treatment plan established by his /her physician, including the instructions of other health professionals designated to carry out the physician's orders.
4. Keeping scheduled appointments and also notifying the physician's office if unable to keep an appointment.
5. Contacting the physician as needed for care outside of regular office hours. All Toledo Clinic physicians or their Covering physicians, can be contacted after hours through Perfect Service or through the physician's personal answering service (as applicable).
6. Accepting responsibility for his/her actions should he or she refuse treatment or fail to follow the physician's orders or recommendations.
7. Staying informed about changes in his/her health insurance coverage and updating Toledo Clinic when coverage changes occur.
8. Assuring that financial obligations for his/her care are fulfilled within a reasonable time frame, including co-pays, co-insurance, deductibles and other uncovered charges.
9. Being considerate and respectful of the rights and property of Toledo Clinic's health care providers and staff, as well as those of other patients and visitors.
10. Informing the physician if he /she has a written Advanced Directive and providing a copy to the office for placement on file in his or her medical record.

VOICING GRIEVANCES OR COMPLAINTS

Any concerns may be reported to:
The Toledo Clinic Compliance Hotline

By Phone 1-800-290-3486
or Online at toledoclinic.compliancelinemer.com

Patients may also express concerns to:
Ohio Department of Health Hotline

By Phone: 1-800-342-0553
By Email: HCComplaints@odh.ohio.gov
By Mail: Complaint Unit
246 N High Street
Columbus OH 43215

Medicare Beneficiary Ombudsman

By Phone 1-800-633-4227 or Online at www.medicare.gov