

PATIENT'S RIGHTS & RESPONSIBILITIES

Purpose

Patients have rights, personal values, and beliefs which are to be respected and supported. Cole Aesthetic Center, its employees, medical staff, and visitors have an obligation to observe the rights of each patient. There are established mechanisms to ensure that these rights and responsibilities will be observed and communicated. Cole Aesthetic Center recognizes that the safety of health care delivery is enhanced by the involvement of the patient as a partner in the health care process. The medical staff, administration and staff endorse and adhere to the Statement of Patient Rights and Responsibilities.

Patient Rights

- You have the right to be informed about your rights as a patient upon entering the facility.
- You have the right to be treated with dignity, consideration, respect, and recognition of your individual and personal needs by competent personnel.
- You have the right to high-quality care and excellent professional standards that are continually maintained and reviewed.
- You have the right to know what rules and regulations apply to your conduct as a patient.
- You have the right to medically appropriate treatment without discrimination based on race, color, religion, national origin, sex, sexual preference, age, or disability.
- You have the right to every consideration of privacy concerning your medical care.
- Your medical records are private and will be treated as confidential. They will not be released to individuals outside the facility without your consent, except in the case of transfer to another facility, or as otherwise provided by law or third-party contractual arrangements.
- You are entitled, upon request, to have access to your medical record information within a reasonable time frame.
- You have the right to full information relating to diagnosis, treatment and alternatives, prognosis, and any risk of complications in layman's terms.
- Except in a medical emergency, informed consent must be obtained from you (or legal representative) prior to the start of any invasive procedure or treatment.
- You have the right to assistance in obtaining consultation with another physician, at your own request and expense.
- When required, you have the right to access a qualified interpreter.
- You have the right to examine and receive an explanation of any charges related to your care.
- You have the right to receive safe care, free from abuse or harassment.
- If you feel your emergent condition is life threatening, please call 911 before contacting our office. If you have severe pain, an injury or sudden illness that makes you believe that your health is in serious danger, you have the right to be screened and stabilized using emergency services. Cole Aesthetic Center has a physician on call 24 hours per day/seven days per week. In case of emergency please contact us at 360-613-2600.

Advance Directives: It is the policy of Cole Aesthetic Center that in the event a patient goes into cardiac or respiratory distress or any other medical emergency, all emergency care will be provided, including the calling of paramedics and transfer to a local hospital when indicated. Cole Aesthetic Center policy is to make every effort to resuscitate all patients. If a patient presents an Advance Directive or POLST (Physicians Orders of Life Sustaining Treatment) a copy will be placed in the patient's chart and the patient informed of the policy to not honor their Advance Directive.

Ownership: Cole Aesthetic Center is a 100% privately owned Corporation by Eric A. Cole MD, FACS.

- You have the right to a fair, fast, and objective review of any complaint you have against your physician, their staff or the facility. This includes complaints about waiting times, operating hours, the actions of health care personnel, and the adequacy of the health care facilities.

If you have complaints or concerns, you have the right to file them with the following:

Cole Aesthetic Center
9800 Levin Road, Suite 101
Silverdale, WA 98383
360-613-2600

Medicare Ombudsman
1-800-Medicare (1-800-633-4227)
<http://www.medicare.gov/Ombudsman/resources.asp>

Washington State Department of Health
Town Center 2
111 Israel Road SE
PO BOX 47820
Olympia, Washington 98504-7820
(360) 236-3050
<http://www.doh.wa.gov>

Accreditation Association for Ambulatory Health Care (AAHC)
<https://www.aaahc.org>

Patient Responsibilities

- You are responsible for being considerate of other patients by:
 - Limiting the number of people accompanying you on your visits to 1.
 - Self and companion to not use telephone in a way disturbing to others.
- You are responsible for supplying accurate and complete information about past medical history, medications, allergies, and other matters related to your health.
- You are responsible for notifying your medical team about any unexpected changes in your health.
- You are responsible for following the instructions of your physician and other healthcare personnel. Let us know immediately if you do not understand or cannot follow the instructions.
- You are responsible for your actions if you refuse treatment or do not follow the instructions of the physician or other healthcare personnel.
- You are responsible for behaving respectfully toward all health care professionals and staff as well as other

patients and visitors.

- You are responsible for fulfilling the financial obligations of your healthcare. This includes:
 - Co-pays at the time of service
 - Cosmetic procedures at the time of service
 - Cosmetic surgeries: 50% deposit at scheduling and balance due 3 weeks prior to scheduled procedure.
 - Insurance balances within 30 days of receiving your statement.
 - Insurance balances for functional surgical procedures at time of surgery if estimate was given.
- If applicable, you are responsible for providing current and accurate insurance information. Failure to do so may result in insurance payment denials and your assumption of financial responsibility.
- You are responsible to discuss pain relief choices with your physician or nurse and communicate if you are having uncontrolled pain.

PATIENT NAME: «Person First Middle Last»

DOB: «Person Birth Date»

I HAVE RECEIVED INFORMATION FROM MY SURGEON: Eric A. Cole, MD, FACS

I understand that the information received contains the following:

- My Patient Rights and Responsibilities (Including Grievance Process, Advance Directives and Physician Ownership)
- A Surgical Preparation Checklist
- Post Operative Instructions
- Financial & Insurance Policy
- Medications to Avoid List
- Copy of Consent form that I will be signing the day of surgery

I understand that it is my right to have this information translated into my primary language for my better understanding. PLEASE INITIAL ONE OF THE FOLLOWING:

- My initials indicate that I will not require any assistance for translation regarding my medical care.**
- My initials indicate that I will be able to provide a responsible adult as my own translator.**
- My initials indicate that I will need Cole Aesthetic Center to provide me with a translator in the following language/dialect: _____.**

The following pertains to those patients who have also chosen an elective procedure:

- My initials indicate that I understand that payment for any elective procedure is due in full 3 (THREE) weeks prior to the scheduled date.**
- My initials indicate that I authorize Cole Aesthetic Center staff to issue my credit card information to the Surgical Facility and/or the Anesthesia Provider for payment of my elective procedure.**

I understand that I will have a pre-operative conference with my surgeon's clinical staff to review the above information. I understand that it is my responsibility to have reviewed this information prior to that appointed conference.

Patient Signature: _____ Date: _____
CAC Staff Witness: _____ Date: _____