

At OPI, we take great pride in caring for the health of your eyes and encourage you to take an active role in managing your health. We can work together most effectively if you understand what to expect from us and what we expect from you. This is a summary of your rights and responsibilities as a user of health services. If you have any questions or would like more information about any of these points, please ask your provider or any staff member.

Your Rights

- Receive care in a safe setting and be treated with respect and consideration regardless of age, gender identity, race, ethnicity, national origin, culture, sexual orientation, class, physical ability, genetic information, position in the community, lifestyle, or other personal attributes.
- Have access to information contained in your medical record within a reasonable time frame (except in certain circumstances specified by law), and the ability to amend your record as necessary.
- Have disclosures and records treated confidentially. Except as provided by law, your written permission must be obtained before information is given to anyone not directly connected with your care. Before you consent to a release of information, you may discuss what information will be released and be given the opportunity to approve or refuse their release. You have the right to receive a written “Notice of Privacy Practices” that carefully explains how your protected health information will be used and disclosed.
- Be provided, to the degree known, complete information concerning your diagnosis, treatment and prognosis and be fully informed about a treatment or procedure and the expected outcome before it is performed. When it is medically inadvisable to give such information to a patient, the information will be provided to a person designated by the patient or to a legally authorized person.
- Be given the opportunity to participate in decisions involving your care, except when such participation is contradicted for medical reasons.
- Be involved in the informed consent process before any non-emergency care is provided that includes a discussion about potential risks, benefits, and alternatives of the proposed treatment, care, or services, the likelihood of achieving the goal and/or potential problems that might occur during recuperation.
- Change your mind about any procedure for which you have given consent or to refuse treatment and to be informed of the medical consequences of this action.
- Refusal of services and procedures to the extent permitted by law and to be informed of health and legal consequences of this refusal.
- Select someone to make health care decision for you if at some point you are unable to make those decisions (and to have all patient rights apply to that person).
- Know the names, titles, and professions of all staff with whom you speak and from whom you receive services or information.
- Choose or change your provider among the OPI staff of qualified health care professionals and/or request a second opinion/referral.

- Assistance in interpreting information for you/from you if you are not an English speaker or if you have other communication needs.
- Receive an estimate of charges before care is provided, be informed regarding payment policies and receive an itemized bill for all services.
- Know that Dr. Gregory Eippert; Dr. Carrie Happ-Smith; and Dr. Gregory Riffle have a financial ownership in Surgical Care Center.
- To express complaints and/or grievances without fear of reprisal to any OPI staff member. *If your concerns are not resolved to your satisfaction, you are encouraged to contact the Ohio Department of Health at 800.342.0553; e-mail: HCComplaints@odh.ohio.gov; Mail: ODH, Complaint Unit, 246 N. High St., Columbus, OH 43215. Website to contact the Office of Medicare Beneficiary Ombudsman: <https://www.medicare>*

Your Responsibilities

- To the best of your ability, provide accurate and complete information to your health care providers about any matters pertaining to your health, any medications (including over-the-counter products and dietary supplements) and any allergies or sensitivities.
- Advise us about any changes in your health or adverse effects of your treatment and/or symptoms.
- Inform us know if you don't understand the information given to you concerning treatments, procedures, medications, etc.
- Follow your treatment plan or tell your health care provider if you cannot follow it.
- Follow our instructions and advice, understanding that you must accept the consequences if you refuse.
- Communicate your concerns to any employee as soon as possible, including any member of your care team, manager, or administrator.
- Cancel/reschedule any appointment you cannot keep with as much advance notice as possible, preferably at least 24 hours in advance.
- Pay or make arrangements to meet the financial obligations arising from your care.
- Inform us of your need for interpretation services prior to appointment.
- Notify us of any medical power of attorney, living will, or other directive that could affect your care.
- Respect the needs of privacy of other patients.
- Respect the property of other people and OPI and treat other patients, your health care provider.