

2400 Witzel Avenue, Suite A
Oshkosh, WI 54904
920-233-1540
920-651-6951 Fax

2500 E Capitol Drive, Suite 1500
Appleton, WI 54911
920-358-1810
920-358-1819 Fax

Patient Rights and Responsibilities

Your Right to Quality Care and Safety

You have the right:

- To the highest quality health care from people whose training makes them experts in their fields
- To the safest and most effective treatment possible.
- To know the name of your doctors, nurses and others involved in your care and what their jobs are.
- To pain relief.
- To receive care in a safe setting.
- To be free from all Forms of abuse or harassment.

Your Right to Respect and Privacy

You have the right:

- To be treated with respect. It does not matter whether you are male or female, what race or religion you are, what country you come from, or what your personal beliefs are. You will not be denied care based on any of the above.
- To privacy about your medical care. Your doctors, nurses and others are not allowed to talk about your care or write to others about your care unless you say it's okay. This includes all talks and visits with the doctor and caregivers, tests and treatment. Your facility and doctors are allowed to release information to the insurance or government health program paying for your care, or as required by law.

Your Right to Make Decisions about Your Care

You have the right:

- To know everything there is to know about your care and to have your doctor tell you what's going on in ways you can understand.
- To understand all practice rules and what they mean for your care.
- To be involved with your pain management program.
- To understand what could happen to you and to give your written approval before you receive any treatment or procedure that may be potentially risky, except in an emergency. This is "informed consent."
- To say in writing how you wish to be treated if you become unable to tell the doctor or other caregivers what you want. This is an "advance directive."
- To say in writing whether you want your family or someone else to help make decisions about your care, especially if you become unable to decide for yourself. This is a "durable power of attorney for health care."
- To say yes in writing before taking part in a medical research program. Your doctor must ask you or your legal guardian (person responsible for you) if it is approved. You or your legal guardian can say no at any time even if you already said yes.
- To say no to any drug treatment or procedure offered to you by your doctor or this practice. However, your doctor must tell you what could happen to your health if you say no to the treatment or procedure.
- To ask another doctor other than your own for an opinion about your medical care. This is a "second opinion." You are responsible for paying the doctor's bill for the "second opinion" if your insurance does not pay for it.
- You have the right to have your pain controlled.
- The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal. If the patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf. If a State court has not adjudged a patient incompetent, any legal representative designated by the patient.

2400 Witzel Avenue, Suite A
Oshkosh, WI 54904
920-233-1540
920-651-6951 Fax

2500 E Capitol Drive, Suite 1500
Appleton, WI 54911
920-358-1810
920-358-1819 Fax

Your Rights Regarding Billing and Charges

You have the right:

- To see your bill and be told what charges mean.
- To meet with someone who can help you decide how to pay for your care and any programs that may help you.

Your Responsibilities

You are responsible for:

- Telling the practice and your doctor the truth about your health and any changes in your condition, as best you can.
- Asking questions if you do not understand what your doctor or other caregivers are telling you about your care, procedures, treatment or anything else they tell you.
- Telling your doctor or other caregivers if you can't do what they tell you as part of your treatment or if you won't do what your doctor says or if you say no to treatment.
- Treating other patients with respect at all times.
- Treating your doctor and other caregivers with respect at all times.

The Medicare Beneficiary Ombudsman

The office of the Medicare Ombudsman (OMO) helps people with Medicare with complaints and grievances. Information requests can be found on the website:

<https://www.medicare.gov/claims-appeals/your-medicare-rights/get-help-with-your-rights-protections>

Please Tell Us

Should you have any concerns regarding patient safety and your care, you can contact the Administrator at Fox Valley Plastic Surgery at 920-233-1540.

Should you wish to file a grievance with the State agency, direct your correspondence to the Bureau of Quality Assurance, PO Box 2969, Madison, WI 53701-2969. You may also file a grievance at <https://www.jointcommission.org/> or call 800-994-6610.