



PATIENT'S BILL OF RIGHTS

- The PATIENT has the right to be treated with consideration, respect, and dignity, without coercion, discrimination or retaliation and regardless of race, religion, sex, sexual orientation, ethnicity, age or handicap.
- The PATIENT or the PATIENT REPRESENTATIVE or SURROGATE has the right to all complete and current information concerning their diagnosis and treatment and in terms that he/she can understand. If not medically advisable to give information to the patient, the information shall be made available to another designated, appropriate person in their behalf.
- The PATIENT has the right to know the person or persons responsible for coordinating their care and their credentials.
- The PATIENT has the right to receive from the physician enough information to understand the services being rendered in order to sign the informed consent and make decisions concerning medical care.
- The PATIENT has the right to refuse treatment and to be informed of possible consequences of his/her actions and right to change physicians if another physician is available.
- The PATIENT has the right to privacy of information concerning his/her medical care or treatment and to appropriate physical privacy.
- The PATIENT has the right to be informed of any persons other than routine personnel that would be observing or participating in his/her treatment and to refuse that observation and/or participation.
- The PATIENT has the right for all medical records to be treated as confidential and given the opportunity to approve or refuse their release except when required by law and /or unless it would cause a negative outcome in the continuation of medical care.
- The PATIENT has the right to information concerning the facility to which he/she may have to be transferred if possible and the reason for transfer. The facility that the patient is to be transferred to must give approval prior to the patient transfer.
- The PATIENT has the right to know if any research will be done during his/her treatment and has the right to refuse it.
- The PATIENT has the right to expect quality, safe care and service from *PINNACLE ORTHOPAEDICS AND SPORTS MEDICINE, LLC*.
- The PATIENT has the right to have pain treated as effectively as possible.
- The PATIENT has the right to be free from unnecessary use of physical or chemical restraint or seclusion as a means of coercion, convenience or retaliation and to be free from abuse or harassment.
- The PATIENT has the right to be informed of the mechanism by which he/she will have continuing health care following discharge from *PINNACLE ORTHOPAEDICS AND SPORTS MEDICINE, LLC*.
- The PATIENT has the right to know, in advance, the expected amount of his/her bill, and the right to examine and receive an explanation of their bill, regardless of the source of the payment and to know the source of payment of their bill.
- The PATIENT has the right to know, in advance, if their physician has ownership in *PINNACLE ORTHOPAEDICS AND SPORTS MEDICINE, LLC*.
- The PATIENT has the right to know what *PINNACLE ORTHOPAEDICS AND SPORTS MEDICINE, LLC* Patient Responsibilities apply to his/her conduct as a patient.
- The PATIENT has a right to express a grievance as required by law and to make suggestions to the facility.

To file a complaint, you can send an email to compliance@pinnacle-ortho.com or call our Compliance Hot-Line at 770-817-4191.

Or, you may contact the Georgia Department of Community Health
Healthcare Facility Regulation Division
2 Peachtree Street, Suite 33-250, Atlanta, GA 30303-3142
Phone number: 404-657-5550

For Medicare Beneficiaries: the role of the Medicare Beneficiary Ombudsman is to ensure that Medicare beneficiaries receive the information and help they need to understand their Medicare options and to apply their Medicare rights and protections.

Web site: <http://www.cms.hhs.gov/ombudsman/resources.asp>

PATIENTS' RESPONSIBILITIES

- It is the PATIENT'S responsibility to read and understand all permits and/or consents to be signed: Ask either the nurse or physician to clarify any information not understood about care or services.
- It is the PATIENT'S responsibility to notify *PINNACLE ORTHOPAEDICS AND SPORTS MEDICINE, LLC* if they need assistance of an interpreter to read and understand what is going to happen to them, sign documents or if they have designated a PATIENT REPRESENTATIVE or SURROGATE to assist with their intervention.
- It is the PATIENT'S responsibility to answer all medical questions truthfully, to the best of their knowledge including complete information about symptoms, past illnesses, medications, herbs, supplements and other matters relating to plan of care.
- It is the PATIENT'S responsibility to follow the treatment plan given by the physician and/or *PINNACLE ORTHOPAEDICS AND SPORTS MEDICINE, LLC*.
- It is the PATIENT'S responsibility to follow the pre-operative and post-operative instructions given by the physician(s) and/or nurses, including instructions regarding post-operative appointments when having surgery.
- It is the PATIENT'S responsibility to contact the physician if any surgical complications occur.
- It is the PATIENT'S responsibility for their own actions if treatment is refused or pre- or post-operative instructions are not followed.
- It is the PATIENT'S responsibility to assure all payments for service rendered are on a timely basis and ultimate responsibility are the patients', regardless of insurance coverage.
- It is the PATIENT'S responsibility to provide financial and/or insurance information regarding who will be responsible for the bill including current address and authorized contact information.
- It is the PATIENT'S responsibility to notify the administration of *PINNACLE ORTHOPAEDICS AND SPORTS MEDICINE, LLC* if the PATIENT or the PATIENT REPRESENTATIVE or SURROGATE thinks their right(s) have been violated or if the PATIENT has a significant complaint.