



## PATIENT RIGHTS AND RESPONSIBILITIES

### As a patient of Indiana Spine Hospital you have the right to:

- Receive high quality, individualized care within the hospital's capacity and mission without regard to race, creed, color, ethnic origin, nationality, gender, handicap, age, affiliation with fraternal or religious organizations, culture, economic or educational background.
- Receive considerate and respectful care in a safe setting free from all forms of abuse or harassment.
- Know the professional status of any person providing care or services.
- Receive the necessary information from your provider concerning your diagnosis, treatment options, prognosis, and possible risks and side effects associated with the proposed procedure/ surgery which allows you to give informed consent. In the event of an emergency, this information shall include the specific procedure and/or treatment, the medically significant risks involved, an alternative course of treatment or non-treatment, and the name of the provider performing that treatment.
- Actively participate in decisions regarding your treatment. If you are unable to participate in those decisions, then your designated or legal representative shall do so on your behalf.
- Refuse treatment to the extent permitted by law and to be informed of the medical consequences of such a refusal. You accept responsibility for your actions should you refuse treatment or not follow the instruction of the physician or facility.
- Every consideration of privacy concerning your medical / surgical care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly.
- Confidential treatment of all communications and records pertaining to your care. Except as directed by law, your written permission shall be obtained before your medical records are made available to anyone not concerned with your care.
- Be fully informed before any transfer from the hospital to another healthcare facility.
- Be advised if the hospital proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
- Expect reasonable continuity of care. You have the right to know in advance the time and location of appointment(s), as well as, the practitioner providing the care.
- Know fees in advance and receive an explanation of your bill regardless of the source of payment.
- Have in effect advanced medical directives concerning such issues as living wills and durable power of attorney that will be identified to the hospital and followed as appropriate under State and Federal Regulations.
- Inquire about or to obtain a second opinion.
- Have information regarding your case presented in a language and manner, written and verbally, that you or your designated or legal representative understands.
- Voice complaint or concern, without recrimination, regarding your care, to have those complaints reviewed and, when possible, resolved.

Our hospital is owned by an independent group of physicians. This group includes physicians and surgeons who may belong to Goodman Campbell Brain and Spine and Indiana Spine Group. A list of owners is available at the front desk upon your request.

### As our patient it is your responsibility to:

- Fully participate in decisions involving your health care and to accept consequences of these decisions if complications occur.
- Provide to the best of your ability, accurate and complete information regarding present complaints, past conditions, medications, unexpected changes in conditions, and any other matters pertinent to your health.
- Understand and follow the treatment plan recommended by your provider or to ask questions and discuss concerns with the provider when you do not understand or agree with the plan of treatment.
- Keep appointments reliably and promptly or to notify the hospital if unable to do so.
- Abide by Indiana Spine Hospital's rules and regulations (i.e., Non-smoking facility, being respectful and considerate to others, staff, facility, and property, and abiding by discharge instructions.)
- Provide accurate and detailed information regarding insurance and/or payment methods.
- Notify the hospital on admission of any advance directive you may want applied during your visit.
- Verify the pre-certification of your procedure with your insurance provider prior to obtaining services at the hospital.
- Pay the hospital for services rendered in a timely manner. The hospital will bill your insurance provider. All services not covered by the insurance provider are the responsibility of the patient.
- Report unsafe conditions that may be a perceived risk to your care.
- Inform the hospital as soon as possible if you believe any of your rights have been violated.

These rights and responsibilities outline the basic concepts of service at our hospital. Please notify your physician, nurse, or the Chief Nursing Officer with concerns regarding the care you received or did not receive. If your concern is not promptly resolved, you can file a formal grievance by contacting us at the address below. You can also file a complaint by completing the grievance form located in our lobby. Be sure to include your phone number or a way we can contact you. In addition, you may file a complaint with the Indiana State Department of Health.

#### Grievances, Complaints, Safety Concerns may be sent to the Chief Nursing Officer at Indiana Spine Hospital

13219 N. Meridian Street  
Carmel, IN 46032  
CNO@indianaspinehospital.com  
(317) 795-2000

#### Indiana State Department of Health Acute Care Division

2 N. Meridian Street, 4B  
Indianapolis, IN 46204  
www.in.gov/isdh/  
(317) 233-1325