

**ADVANCED PAIN INSTITUTE, LLC
42131 VETERANS AVENUE, SUITE 100
HAMMOND, LA 70403**

PATIENT RIGHTS AND RESPONSIBILITIES

Patient Rights

As a patient, you have the right to:

1. Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
2. Personal and informational privacy within the law.
3. Information concerning your diagnosis, treatment, and prognosis, to the degree known; confidentiality of records and disclosures. Except when required by law, you have the right to approve or refuse the release of records.
4. The opportunity to participate in decisions involving your health care unless contraindicated by concerns for your health.
5. Make decisions about medical care including the right to accept or refuse medical or surgical treatment and the right to initiate advance directives such as a living will or durable power of attorney. If you already have a living will or other directive or you wish to initiate one, please speak with a nurse.
6. Information concerning implementation of any advance care directive.
7. Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap or disability. The Center adheres to all federal and state rules, regulations and policies to promote a nondiscriminatory environment for all of our surgical guests.
8. Receive an itemized bill for all services.
9. Know the identity and professional status of individuals providing service to you.
10. Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.
11. Choose which facility you have your procedure performed in.

Patient Responsibilities

As a patient, you are responsible for:

1. Providing to the best of your knowledge accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate practitioner(s).
2. Following the treatment plan recommended by the primary practitioner involved in your case.
3. Providing for an adult to transport you home after surgery and an adult to be responsible for you at home for the first twenty four (24) hours after surgery.
4. Indicating whether you clearly understand a contemplated course of action and what is expected of you.
5. Your actions if you refuse treatment, leave the facility against the advice of the practitioner, and/or do not follow the practitioner's instructions relating to your care.
6. Assuring that the financial obligations of your health care are fulfilled as expediently as possible.
7. Providing information about and/or copies of any living will, power of attorney or other directive that you desire us to know about.

I have read and understand my rights and responsibilities.

Patient Signature

Date

For complaints or grievances please contact:

David Dykes

Administrator

Advanced Pain Institute, LLC

42131 Veterans Avenue, Ste. 100

Hammond, LA 70403-1428

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