

OAK ASC
6712 N Convent Street, Suite 200
Bourbonnais, Illinois 60914

Patient Rights & Responsibilities

You have the Right....

1. To have OAK Surgery Center respond to your requests and needs for treatment or service provided that the space is available and to receive the care that reflects your interests, that has been determined by your physician.
2. To always be considerate and respectful during care and under all circumstances with recognition of your personal dignity.
3. To be free from all forms of abuse, harassment, or discrimination.
4. To have patient information treated confidentially based on applicable laws and regulations.
5. To be informed regarding participation in decisions involving your care, including assessment and management of pain.
6. To be informed of how to voice grievances regarding treatment or care and methods for providing feedback, including complaints.
7. To be given information in the language you understand or to have information interpreted.
8. To give informed consent, that is, to make decisions in collaboration with your physician that involves your healthcare. Consent may be given by the patient, surrogate, or the patient's legal representative. To give consent, the patient or legal representative will be provided information which includes:
 - A. An explanation of recommended treatments or procedures in terms that is understandable.
 - B. An explanation of the risks, benefits, and alternative treatments, including the chance of success, mortality risk and potential side-effects.
 - C. An explanation of the consequences if no treatment is pursued.
 - D. An explanation of the cooperative period, including anticipated problems and anticipated length of recuperation.
 - E. An explanation that the patient or his/her legal representative is free to withdraw consent and discontinue participation in treatment.
9. To an explanation of admission procedures and disclosure upon admission, of the facility's policy statement on patient's rights, this shall include but not be limited to:
 - A. The right to participate in all decisions involving care or treatment, consistent with state and federal statutes.
 - B. The right to refuse any drug test procedures or treatment consistent with the state and federal statutes, including medical consequences of such refusal.
 - C. The right to receive considerate and respectful care in a clean and safe environment, free of unnecessary restraint.
10. To know the identity and professional statue of individuals providing your service, and to know which physician is primarily responsible for your care.
 - A. To be informed regarding the decision to change providers if other qualified providers are available.
 - B. To be notified if a physician has a lapse in their malpractice insurance prior to procedures.
11. To be informed prior to the procedure of facility billing policies, including but not limited to:

OAK ASC

6712 N Convent Street, Suite 200
Bourbonnais, Illinois 60914

- A. Estimated charges for service based on an average patient with diagnosis like the tentative admission diagnosis of the patient.
 - B. If you have questions, please call (815)348-9500 for medical cost information between the hours of 8:00a.m. and 3:30 p.m. on weekdays.
 - C. Based upon insurance information provided by the patient, the facility shall provide assistance as needed with estimates of co-payments, deductibles, or other charges that must be paid by the patient. Such assistance may be obtained on weekdays between 8:00 a.m. and 3:30 p.m. by calling the facility insurance verifiers.
 - D. The facility may include a disclaimer with the disclosure of any charges. Such disclaimer may include further variables, which may alter any disclosed charge. Any charges prohibited by law or third-party payor contract will include a no charge disclaimer in the disclosure.
12. To be provided with information regarding services provided by the organization.
 13. To be provided with information regarding research or experimental projects related to your care. You have the right to refuse to participate in such projects.
 14. To have your medical records maintained in confidence and in accordance with the medical staff bylaws, rules, and regulations. You have the right to have access to your medical records by contacting the facility at (815)348-9500.

You Are Responsible...

1. To provide the facility, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other health history.
2. To be considerate of the rights of other patients and facility personnel and show respect to the property of other people and that of the facility.
3. To discuss your health problems with only those involved in your care.
4. To follow the treatment plan recommended by your physician.
5. To inform your provider about any Advance Directive you may have that could affect your care.
6. To inform the staff if you do or do not understand a contemplated course of treatment and your obligations in the administration of the treatment.
7. To cooperate with any research or experimental project in which you consent to participate.
8. To inform the staff that translation is required.
9. To provide the facility with accurate information for insurance processing and to accept personal financial responsibility for any charges not covered by insurance.
10. To check in at the reception desk upon arrival so the receptionist is aware of your presence.
11. To provide an adult to transport you home after your surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
12. Your actions and adverse consequences that may result if you refuse treatment, leave the facility against the advice of they physician, and/or do not follow the physician's instructions relating to your case.
13. Refraining from smoking on campus.