



## PATIENT RIGHTS

1. To be treated with respect, consideration and dignity and without discrimination on the basis of race, color, religion, sex, national origin, disability, sexual orientation, or source of payment.
2. Patient Privacy is well protected at all times including discussions of patient care, consultations, exams and treatments.
3. When the need arises, reasonable attempts are made by health care professionals and other staff to communicate in the language or manner primarily used by the patient.
4. Patients are provided, to the degree known information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to the patient, the information is provided to a person designated by the patient or to a legally authorized person
5. Patients and their parents have the right to:
6. Personal Privacy
7. Receive care in a safe setting
8. Be free from all forms of abuse or harassment
9. Be free from any act of discrimination or reprisal
10. Voice grievances regarding treatment or care that is or fails to be furnished
11. Be fully informed about a treatment or procedure and the expected outcome before it is performed
12. Patients and their parents are provided, to the degree known, information concerning their diagnosis, evaluation, treatment and prognosis. When it is legally or medically inadvisable to give this information to the parents, the information is provided to a designated legally authorized person.
13. Patients and their parents are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons
14. If a patient or their parent is adjudged incompetent under state 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.
15. If a state court has not adjudged a patient or his parent incompetent, any legal representative or surrogate designated by the parent in accordance with state law may exercise the patient's and parent's rights to the extent allowed by law.
16. Patients have the right to change providers if other qualified providers are available
17. Information is available to patients, their parents or legal guardian and staff on:
  - Patient Rights, Conduct and Responsibilities and participation
  - Services available at the organization
  - Provisions for after hours and emergency care
  - Fees for services
  - Payment policies
  - The right to refuse to participate in research (if applicable)
  - The center's policy on Advance Directives, as required by state or federal law and regulations and have documented in their Medical record whether or not they have an Advance Directive or health care proxy and have a copy of that document included in their medical record if transfer to an acute care facility becomes necessary
  - The credentials of health care professionals
  - Exercise his/her rights without being subjected to discrimination or reprisal
  - Voice grievances and complaints regarding treatment or care that is (or fails to be) furnished and submit verbal or written grievances or complaints and to have the grievance or complaint

investigated by a person in authority at the center, documentation of the existence, submission, investigation and disposition of any grievance in a reasonable amount of time.

- Methods for providing feedback, including complaints

21. Be fully informed about a treatment or procedure and the expected outcomes
22. Information that the parent or legal guardian of the patient has the right to make informed decisions regarding the patient's care.
23. Be provided with the names of their attending physician names of all other physicians directly assisting in their care, the names and functions of other health care persons having direct patient contact
24. Know which Center rules apply to their conduct as a patient
25. Absence of clinically unnecessary diagnostic or therapeutic procedures
26. Treatment that is consistent with clinical impression or working diagnosis
27. Good quality care and high professional standards that are continually reviewed and maintained
28. An increased likelihood of desired health outcomes
29. Receive a second opinion concerning the proposed surgery, if requested
30. Give informed consent to the physician prior to the start of the procedure
31. Receive appropriate and timely follow-up information of abnormal findings and tests
32. Receive appropriate and timely referrals and consultations
33. Refuse drugs or procedures and have a physician explain the medical consequences of the drugs and procedures
34. Be provided with upon request, access to all information contained in their Medical Record
35. Accurate information regarding the competence and capabilities of the center
36. Health services consistent with current professional knowledge

### **PATIENT RESPONSIBILITIES**

1. Provide complete and accurate information to the best of his/her ability about his/her child's health, any medications including over the counter products and dietary supplements, and any allergies or sensitivities.
2. Follow the treatment plan prescribed by his/her child's provider and participate in his/her care
3. Provide transportation home from the facility and remain with him/her for 24 hours, if required by his/her provider
4. Accept personal financial responsibility for any changes not covered by his/her insurance
5. Be respectful of all the health care professionals and staff, as well as other patients

### **PATIENT SUGGESTIONS, GRIEVANCES, AND COMPLAINTS**

If Patient has a suggestion, complaint, or grievance, Patient may speak with the Dental Surgery Center of DC Administrator in person or by phone. Additionally, Patient may contact state and/or federal offices as well.

**Kyle Welch**  
**Administrator**  
Phone: (301) 494-3000  
Capital Children's Healthcare  
1220 Caraway Ct, Suite 1050  
Largo, MD 20774

**Marlyand DoH**  
**Office of Health Care Quality**  
Phone: (800) 492-6005  
Spring Grove Center  
Bland Bryant Building  
55 Wade Avenue  
Catonsville, MD. 21228

**Medicare Ombudsman**  
1-800-633-4227  
[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

