



## **PATIENT RIGHTS AND RESPONSIBILITY**

### **Patient Rights**

**Equal Opportunity.** The Detroit Mercy Eye Institute provides patients with treatment that meets the standard of care in the profession and protects their rights as an individual. The Eye Institute is committed to ensuring that all people have equal access to the Eye Institute's programs and facilities without regard to race, creed, color, gender, sexual orientation, national origin, or handicap. All patients have the right to be recognized and respected.

**Ownership and Privacy of Records.** All records, including radiographs and models, are the property of the Detroit Mercy Eye Institute and may be used for teaching and research purposes when properly de-identified. Patient records are confidential information and may not be shared without the patient's written consent unless specifically allowed by federal, state, or local law.

**Treatment Plan.** Patients have the right to a clear explanation of their problems, recommended treatments, who will provide the treatment, alternatives to treatment, approximate cost, approximate length of treatment, and risks and benefits of different treatment options or lack of treatment. Students, residents, or faculty will be available to answer any questions the patient may have regarding their care. Patients have the right to receive a copy of the finalized plan of treatment that addresses their eye care needs.

**Availability of Comprehensive Care.** Detroit Mercy Eye Institute will attempt to provide timely comprehensive care that addresses the patient's treatment needs. In the event that some services cannot be provided, the Eye Institute will supply the patient with information regarding referral to a private optometrist or ophthalmologist.

**Acute Care.** Patients have the right to receive acute care. Acute care can be arranged by calling (248) 675-0800

**Rights of Declination and Cessation of Treatment.** The patient has the right to decline all, or part of the treatment recommended. Should the patient decline recommended treatment:

- The risks of such declination will be discussed, and the declination will be noted in the progress notes.
- The progress note entry described above will state the patient accepts responsibility for this decision.
- Detroit Mercy Eye Institute may recommend the patient seek care elsewhere should the declination compromise the professional, academic, or operational policies of the school.

The patient has the right to discontinue further planned treatment and dismiss the Detroit Mercy Eye Institute as its provider at any time. Medical records are provided to the patient for a nominal fee.



**Resolution of Problems.** If, for any reason, a patient is unhappy with their care at the Eye institute, they should alert any student, staff, or faculty working within the clinic. The patient will be provided with a Patient Complaint Form to begin the process as outlined in the Detroit Mercy Eye Institute Patient Complaint Policy. At this time the patient will also be provided with a copy of the Detroit Mercy Eye Institute Patient Complaint Policy.

### **Patient Responsibility**

You, your family, and visitors are responsible for following the rules involving patient care and conduct.

- It is your responsibility to provide accurate and complete information about all matters related to your health, including medications, past or present medical problems and advance directives.
- You are responsible for following the agreed upon treatment plans. If you cannot follow the plan, please tell your health care team.
- If you refuse to receive the recommended care, we may need to end our relationship with you after giving you reasonable notice.
- You are responsible for being considerate of the rights of other patients and the Eye Institute's personnel and property.
- You are responsible for making it known whether you understand your health information and the things you are asked to do.
- You are responsible for making appointments and arriving on time. You must call us in advance if you cannot keep a scheduled appointment.
- You are responsible for providing us with correct information about your sources of payments and the ability to pay your bill. Report address, telephone number or insurance provider changes/loss of insurance immediately to the Patient Financial Services team at 248-675-0800.
- You are responsible for providing a current and accurate list of medications, as possible, when requesting care at our healthcare facilities.
- For patient and employee safety, additional testing may be required if a health care worker is exposed to your blood or body fluids.
- To ensure the safety of health care workers, patients, and visitors Eye Institute, any patient or other customer who commits an act of violence including, but not limited to hitting, spitting, kicking, and punching - can be held responsible to the full extent of the law.