



Metropolitan Pain Management Consultants, Inc.
A Medical Group

Lee T. Snook, Jr., M.D., D.A.B.P.M., F.A.C.P., President & Medical Director

STATEMENT OF PATIENT RIGHTS

Metropolitan Pain Management Consultants, Inc. has adopted the following written policies concerning the rights and of all patients.

PATIENTS HAVE THE RIGHT:

1. To considerate and respectful care; cultural, psychosocial, spiritual, personal values and beliefs will be respected. Patients with vision, speech, hearing, language and cognitive impairments have the right to effective communication.
2. To receive from his/her physician information necessary to give consent prior to the start of any procedure and/or treatment. Except in emergencies, such information should include risks, alternatives and hoped for benefits.
3. To every consideration of his/her privacy concerning his/her medical care. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential. Those not directly involved in his/her care must have permission of the patient to be present. Disclosure of records are treated confidentially and except when required by law, patients are given the opportunity to approve or refuse their release.
4. To receive to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a person designated by the patient or to a legally authorized person.
5. To participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
6. To be informed of patient rights, MPMC's expectation of patient conduct and responsibilities, services available at the organization, provisions for after-hours and emergency care, MPMC fees and payment policy for services provided at MPMC along with an explanation of billed services, to refuse to participate in experimental research, advance directives as required by the state of California, credentialing of health care professionals.
7. To change specialty physicians if another qualified physician is available.
8. To express suggestions to MPMC, to voice complaints and have those complaints impartially investigated with a response in no less than seven (7) business days. Complaints to MPMC should be addressed to the Clinical Director or Business Manager. If you are not satisfied with the outcome of your complaint, you may also contact the Accreditation Association for Ambulatory Health Care at 5250 Old Orchard Road, Suite 200, Skokie, IL 60077 or by phone at 847.853.6060. Medicare/Medicare Patients can direct concerns/complaints to: Department of Health Services State Department of Health and/or The Centers for Medicare and Medicaid Services 877-267-2323 TTY 866-226-1819. Medicare Patients can also contact the a state representative at 916-445-4171 or on line at <http://www.dhs.ca.gov/home/contactinfo> or Medicare on line at www.medicare.gov/Ombudsman/resources.asp
9. To obtain information as to any relationship of this facility to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, which is treating him/her.

2288 Auburn Blvd., Suite 106 * Sacramento, CA 95821 * (916)
568-8338 Office * (916) 925-3985 FAX

WWW.PAIN-MPMC.COM