



Metropolitan Pain Management Consultants, Inc.
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. To obtain from the physician complete current information concerning his/her diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand.
2. To receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not limited to the specific procedure/treatment, medically significant risks involved, and probable duration of incapacitation. Where medically significant alternatives for care/treatment exist, or when the patient requests information concerning medical alternative, the patient has the right to know the name of the person responsible for the procedures and/or treatment.
3. To refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action. The right to refuse to participate in clinical studies.
4. To every consideration of his/her privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his/her care must have permission of the patient to be present. To expect that all communications and records pertaining to his/her care should be treated as confidential. The right to dispute information in their medical record
5. To have their pain assessed, managed, and treated as effectively as possible.
6. To know what facility rules and regulations apply to his/her conduct as a patient. To change their choice of physician. To expect that within its capacity, this organization must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another level of care only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer. To expect reasonable continuity of care. To expect that this facility will provide a mechanism whereby he/she is informed by his physician of the patient's continuing health care requirements following discharge.
7. To obtain information as to any relationship of this facility to other health care and educational institutions insofar as his/her care is concerned. To obtain information as to the existence of any professional relationships among individuals, by name, who are treating him/her.
8. The patient with cognitive disabilities has the right to be treated with the consent of either, a family member or surrogate. Such family member or surrogate must prove legal authority to represent the patient via legal guardianship, proof of health care proxy, or power of attorney. Proof of legal authority must be presented before treatment is rendered.
9. To examine and receive an explanation of his/her bill.
11. To know the mechanisms for grievance as well as suggestions. 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/Medi-Cal 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
10. To exercise all rights without discrimination or reprisal, abuse or harassment.

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