

PATIENT RIGHTS

FRANK P. FECHNER, M.D. LLC is committed to providing comprehensive health care in a manner, which acknowledges the uniqueness and dignity of each patient. We encourage patients and families to have clear knowledge of, and to participate in, matters and decisions relating to their medical care.

Each patient receiving service in this facility shall have the following rights:

1. To be informed of these rights, as evidenced by a posting in the patient waiting room;
2. To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate; to be provided with information to assist in changing specialty physicians if other qualified physicians are available;
3. To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
4. To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s);
5. To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;
6. To voice grievances or recommend changes in policies and services to facility personnel and the governing authority;
7. To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury.
8. To confidential treatment of information about the patient. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's written approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review.
9. To request in writing that information about your treatment not be shared with your health plan if you paid in full out of pocket for your treatment.
10. To be notified if there is a breach to your Personal Health Information.
11. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;
12. To not be discriminated against because of age, race, religion, sex, or nationality.
13. To have access to a translator (LEP patients) provided by Pacific Interpreters Line.

RESPONSIBILITIES OF PATIENTS

Each patient receiving services in this facility shall have the following responsibilities:

1. It is the Patient's responsibility to read all permits and/or consents that he/she signs. If the patient does not understand, it is the patient's responsibility to ask the physician for clarification.
2. It is the Patient's responsibility to answer all medical questions truthfully to the best of his/her knowledge.
3. It is the Patient's responsibility to read carefully and follow the preoperative instructions that his/her physician has given.
4. It is the Patient's responsibility to notify the organization if he/she has not followed the preoperative instructions.
5. It is the Patient's responsibility to understand that procedures are performed on an outpatient basis and should expect to go home on the day of the procedure. If a problem or complication develops during a procedure, a transfer will be necessary to an inpatient setting.
6. It is the Patient's responsibility to provide transportation as directed to and from the organization appropriate to the medications and/or anesthetics that he/she will be receiving.
7. It is the Patient's responsibility to read carefully and to follow the postoperative instructions that he/she receives. This includes postoperative appointments.
8. It is the Patient's responsibility to contact his/her physician if he/she has any complications.
9. It is the Patient's responsibility to assure that all payments for services rendered are on a timely basis and that ultimately responsibility for all charges is his/hers, regardless of whatever insurance coverage he/she may have.
10. It is the Patient's responsibility to notify the Medical Director if he/she feels that any of his/her Patient's Rights have been violated or if he/she has a significant complaint or a suggestion to improve services or the quality of care. This can be done by filling out our patient satisfaction questionnaire, by direct contact or by telephone/fax/email.

Notice

Complaints may be lodged at the following office:

Frank P. Fechner, M.D. , LLC OR
Practice Manager
428 Shrewsbury Street
Worcester, MA 01604
508-754-4000

Accreditation Association for Ambulatory Health Care,
(AAAHC)
5250 Old Orchard Road
Suite 200
Skokie, IL 60077
847-853-6060

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