

EFFECTIVE MAY 18, 2009, THIS PAGE MUST BE SIGNED AND DATED BEFORE THE PATIENT'S SCHEDULED OFFICE VISIT PER CMS REGULATIONS REGARDING AMBULATORY SURGERY CENTERS. PLEASE DO NOT MAIL THIS DOCUMENT IN ADVANCE. PLEASE BRING THIS WITH YOU FOR YOUR FIRST OFFICE VISIT.

## SHEA EAR CLINIC PATIENT BILL OF RIGHTS

1. The patient has the right to considerate, respectful and dignified care.
2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the info is provided to a person designated by the patient or a legally authorized person.
3. The patient has the right to receive from his physician information necessary to give informed consent to the start of any procedure and/or treatment including risks and/or complications.
4. The patient has the right to refuse treatment and be informed of the consequences of his action.
5. The patient has the right to every consideration of his privacy concerning his own medical care, including consultation, examination and also his treatment.
6. The patient has the right to expect that communications and records pertaining to his care should be treated as confidential, except when required by law. Patients may approve or refuse release of information in the patient medical record.
7. The patient has the right to services, including evaluation services, and/or referral service as indicated by the urgency of the case. The patient may be transferred to another facility after being informed of the need of alternative care.
8. The patient has the right to obtain information about any professional relationships his clinic has with other institutions concerning his care.
9. The patient has the right to expect reasonable continuity of care, including appointments and discharge planning.
10. The patient has the right to be advised and to refuse experimental care, treatment or research.
11. The patient has the right to examine and receive an explanation of his cost of care, including fees for services and payment policies.
12. The patient has the right to participate in decisions involving his health care, except when such participation is contradicted for medical reasons.
13. The patient has the right to change specialty physicians if other qualified physicians are available.
14. The patient has the right to be informed about the services available at Shea Ear Clinic, including after hours care and/or emergency care.
15. The patient has the right to an appropriate assessment and management of pain.
16. The patient has the right to know what rules and regulations apply to his conduct as a patient.
17. The patient has the right to know Shea Ear Clinic does not honor advance directives. The Shea Ear Clinic will take every action necessary to preserve a patient's life in the event the patient is no longer able to make decisions due to illness or becoming incapacitated.
18. The patient has the right to know the Shea Ear Clinic has a grievance process which may be initiated with the patient writing a letter to John J. Shea, Jr., M.D. The letter should be mailed to 6133 Poplar Pike in Memphis, Tennessee. The zip code is 38119.
19. The patient has the right to know the Shea Ear Clinic's ambulatory surgery center is a part of the Shea Ear Clinic, P.A. owned by John J. Shea, Jr. M.D. (71.37%) and John Emmett, M.D. (28.63%).

**THIS PAGE MUST BE SIGNED AND DATED BEFORE YOUR INITIAL VISIT TO THE SHEA EAR CLINIC.**

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PATIENT SIGNATURE

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DATE