

Cataract Institute of Oklahoma 3840 S. Boulevard, Suite 103 Edmond, Ok 73013 (405) 455-EYES (405) 455-3937

WHAT TO BRING WITH YOU TO THE CENTER

- Please bring a responsible adult who can understand the postoperative instructions and drive you safely home. We recommend you have a responsible adult with you for 24 hours after surgery.
- Do not eat or drink anything including water, chewing gum or mints 8 hours prior to your scheduled surgery.
- Please bring a current list of all your medication you take by prescription and over the counter.
- If you take blood pressure, heart, seizure or asthma medicines please do so on the day of surgery
 at your usual schedule. Please bring with you any inhalers or insulin that you may need after
 surgery. Do not take your diabetic medicine prior to surgery. We will monitor your glucose level
 before and after surgery.
- Bathe or shower and brush your teeth the morning of your surgery. Please be careful not to swallow any water.
- Remove all make up and jewelry including all body piercings.
- Wear loose comfortable clothing button down tops work well. You will change into a gown prior to your surgery.
- · Please bring with you your drivers license and insurance card(s).
- · Leave all valuables at home. We can not be responsible for lost or damaged property.
- Please arrive 1 hour prior to your scheduled surgery time. This allows us plenty of time to prepare you for surgery.

AFTER SURGERY

The length of the postoperative period will be a minimum of 30 minutes. Every patient is different this is just the normal recovery time for your procedure.

Your physician will update your family after your procedure. The nurse will bring your responsible adult back to the recovery area to give them your postoperative instruction. The instructions will be provided in writing as well so please make sure you follow them closely. If you have questions regarding these instructions do not hesitate to call the center and speak with a nurse.

CATARACT INSTITUTE OF OKLAHOMA

Patient Rights

As a patient, you have the right:

- To have access to the patient rights and responsibilities established by this center.
- To see posted written notice of the patient rights in a place or places within the facility likely to be noticed by patients (or their representative, if applicable) waiting for treatment. The written poster will include name, address, and telephone number of a representative of the state agency to whom the patient can report complaints, as well as the web site for the Office of the Medicare Beneficiary Ombudsman.
- To be treated with respect, consideration and dignity.
- To be respected for your cultural and personal values, beliefs and preferences.
- To effective communication. The center communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that fits the patient's need.
- To receive information in a manner tailored to the patient's age, language, and ability to understand.
 The center provides interpreting and translation services.
- To be provided appropriate privacy. Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.
- To access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation.
- To receive care in a safe setting.
- To refuse participation in experimental research.
- To pain management.
- To be free from all forms of abuse or harassment.
- To be fully informed about a treatment or procedure and the expected outcome before the procedure is performed.
- Patients are provided, 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 a legally authorized person.

The center provides the patient or surrogate decisionmaker with the information about the outcomes of care, treatment, or services that the patient needs in order to participate in current and future health care decisions. The center informs the patient or surrogate decisionmaker about unanticipated outcomes of care and treatment.

- To have the opportunity to participate in decisions involving your health care, treatment, or services, except when such participation is contra indicated for medical reasons. The center involves the patient's family in care, treatment, or service decisions, to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.
- To be informed of your right to change your provider if other qualified providers are available.
- To have appropriate information regarding the absence of malpractice insurance coverage.
- To truthful marketing and advertising regarding the competence and capabilities of the organization.
- To exercise your rights without being subject to coercion, discrimination, reprisal, or interruption of care that could adversely affect you.
- To information about procedures for expressing suggestions, complaints and grievances, including those required by state and federal regulation.
- To receive in advance of the date of the procedure the center's policies on advance directives, including a description of applicable state health and safety laws and if requested, official state advance directive information forms.
- To receive written information about your physicians's possible ownership in Cataract Institute of Oklahoma. Patients are informed about physician ownership at least 24 hours before being admitted to the center.
- To information regarding fee for services and payment policies.
- To information regarding the services available at the organization, provisions for after-hour emergency care, and the credentials of health care professionals.
- If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
- If a state court has not adjudged a patient incompetent, any legal representative designated by the patient, in accordance with the state law, may exercise the patient's rights to the extent allowed by state law.

Advance Notice of Rights

The patient has the right to receive verbal and written notice in advance of the date of the procedure, in a language and manner that the patient or the patient's representative understands. The center gives brochures to each patient being admitted with the center's written policies and the nurse making the preoperative call informs the patient verbally.

Patient Responsibilities

As a patient, you have the responsibility

- To provide complete and accurate information to the best of your ability about your health, any medications, including over the counter products and dietary supplements and any allergies or sensitivities.
- To follow the treatment plan prescribed by your provider.
- To provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by provider.
- To inform your provider about any living will, medical power of attorney, or other directive that could affect your care.
- To accept personal financial responsibility for any charges not covered by your insurance.
- To be respectful of the health care providers and staff, as well as other patients.

Advance Directives Policy

Because of the elective nature of your procedure, the Cataract Institute of Oklahoma does not honor the do not resuscitate (DNR) advance directive. If you have an advanced directive, we will include it in your chart. In an emergency, it will be transferred with you to the hospital. If you have questions about this policy, please feel free to call the center to ask.

Disclosure of Ownership

The Cataract Institute of Oklahoma is a Limited Liability Corporation (LLC), which is owned by Eye Care Partners, LLC.

Grievance Policy

The center strives to provide quality care and achieve patient satisfaction. Patient grievances or complaints provide a means to measure achievement of this goal and to identify need for performance improvement. Patients shall be provided with a means to register a complaint concerning any aspect of the service/care provided by the center.

Each patient shall receive a written patient questionnaire upon discharge giving him/her an opportunity to evaluate his/her care.

Any patient may express his/her concern through said

questionnaire or by a simple informal complaint. Such a complaint may be registered by telephone, writing or in person to any member of the center staff. All complaints received by center personnel shall be forwarded to the Clinical Director or his/her designee the same day.

The Clinical Director or his/her designee will attempt to address and resolve the concern by telephone or in person within three (3) days.

If subsequent to this contact by the center, the patient continues to have a concern, the patient may submit the complaint or grievance in writing to the Medical Director. The Medical Director will consider the submitted grievance and may request additional information or documentation.

Once the collection of relevant information for the grievance is determined to be complete, the Medical Director will respond to the grievance in writing within thirty (30) days. If the Medical Director is not able to make a determination within this thirty (30) day period, he/she will notify the patient in writing regarding the status of his/her grievance.

To Report a Concern:

Oklahoma Department of Health 1000 NE 10th Oklahoma City, OK 73117 (405) 271-6576 Toll Free (800) 522-0203

Office of the Medicare Beneficiary Ombudsman www.ombudsman.ed.gov/about/contactus.html 800-633-4227

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> ASC HOURS: 8:00am to 5:00pm with 24 hour on-call

