

Urology Associates, MD PA  
Ambulatory Urology Surgical Center, LLC  
12234 Williams Road  
Cumberland, MD 21502  
301-724-0132

## **Patient Rights, Responsibilities and Conduct**

All Patients have the right to be treated with respect, consideration and dignity, free from abuse or harassment. Respect must also be shown for cultural, psychosocial, spiritual, and personal value differences. They must be provided appropriate privacy. All conversations and records must be treated with confidentiality. They must be given the opportunity to consent or refuse to a release of their records, except when required by law. All patients have the right to be treated in a safe environment.

All patients will be given complete information concerning their diagnosis, evaluation, treatment, and prognosis. When the need arises, reasonable attempts are made for health care professionals and other staff to communicate in the language or manner primarily used by the patient. If a patient is deemed mentally incapable of understanding this information, it will be conveyed to a person designated by the patient or legally authorized person/guardian.

The patient has the opportunity to participate in the decision making process of their medical care, except when contraindicated for medical reasons.

Upon request, the patient has the right to request information pertaining to their conduct and responsibilities, services available at our organization, instructions for after hours and emergency care, fees for services, payment policies, right of refusal, advanced directives policy, methods for expressing grievances and offering suggestions for betterment of our facility, the option of a second opinion or to seek another physician for care, documentation of credentialing to support advertised qualifications, and proof of malpractice insurance as required by state or federal laws and regulations.

All marketing and advertising regarding the competence and capabilities of the organization and staff will be honest, factual and not misleading to the patients.

The patient has the right to be informed if any practitioner employed by this organization has been denied or refuses to be covered by a malpractice carrier.

As a guest in our office, the patient has the responsibility to arrive for their appointment in a timely fashion. They should sign in on the sign in sheet located on the front ledge of the receptionist's desk. All patients are expected to allow our office to make a copy of their insurance cards and acquire their signature, allowing us to bill their insurance company. This signature also implies their acceptance of responsibility for any financial obligations that their

insurance company does not cover. The patient should wait to be called in for their appointment without disturbing or disrupting the other patients or office staff. The patient should understand that if they arrive excessively early, they would be expected to wait until their scheduled time, unless there is a lull in the schedule. Otherwise, the patients are called for appointments in the order they are scheduled.

The patient is expected to be honest with regards to answering all questions relating to their medical history. The patient should notify an office staff member if they have a known communicable disease that might put other patients at risk. They should be willing to provide our office with the necessary specimens to complete a clinical work-up of their medical condition. They should be willing to listen to the physician's explanation of their medical diagnosis, evaluation, treatment options, and prognosis. The patient should be willing to participate in the decision making process of their medical care and follow the treatment plan prescribed by their provider.

The patient is expected to fulfill their co-payment obligation prior to each visit. Those patients who have no insurance or have not met their deductible are obligated to make payment in full or discuss payment arrangements with our billing personnel. Payments should be made in a timely fashion.

Upon completion of a procedure, the patient is expected to comply with written and oral post-operative instructions and is requested to complete a form evaluating the performance of our facility.

The patient has the responsibility to provide information they may have on a living will, medical power of attorney, or other health directives. If the patient does not have one in place, information on establishment of advance directives can be received from our facility.

The patient has the right to voice any complaint, grievance, or suggestion concerning our organization. This right may be expressed to any of the staff members who will in turn notify the Administrative or Personnel Director.

Complaints regarding our facility can be made within the organization to:

Audra Houser, CRNP, at 301-724-0132.

Also to:

Maryland Health Care Commission  
Office of Health Care Quality  
Spring Grove Center, Bryant Building  
55 Wade Avenue  
Catonsville, MD 21228  
Barbara Fagan 410-402-8040

Or to:

Office of the Medicare Beneficiary Ombudsman at

<http://www.cms.hhs.gov/center/ombudsman.asp>  
or 1-800-MEDICARE

Financial Disclosure: Urology Associates, MD PA and Ambulatory Urology Surgical Center, LLC are owned and operated by Dr. Matthew Allaway and Dr. Vasil Parousis.