



PATIENT'S RIGHTS AND RESPONSIBILITIES

North Idaho Eye Institute, Inc., North Idaho Cataract and Laser Center, Inc., and Coeur d'Alene Optical, Inc., henceforth referred to as North Idaho Eye Institute recognizes the need to ensure that every patient is informed of his or her rights as a patient of our practice along with the associated responsibilities of each patient of our practice. To that end, North Idaho Eye Institute is informing you of your rights and responsibilities when seeking care from our providers at any of our locations.

Patient Rights

You have the right to:

- Be treated with respect, consideration, and dignity.
- Be free of all forms of abuse, neglect, or harassment.
- Receive care in a safe setting.
- Be provided with appropriate personal privacy.
- Expect privacy of health information: all disclosures and records to be treated confidentially, and, except when required by law, be given the opportunity to approve or refuse their release.
- Be provided, to the degree known, complete information concerning your diagnosis, evaluation, and treatment, alternative treatments and appropriate preventative measures, risks and benefits of treatment, and your prognosis; in appropriate understandable language.
- Be given the opportunity to have all your questions answered promptly to your satisfaction in appropriate understandable language.
- Be informed as to:
 - These patient rights
 - Expected conduct and responsibilities
 - Services available in the organization

Coeur d'Alene

1814 Lincoln Way
Coeur d'Alene, ID 83814
P: (208) 667-2531
F: (208) 765-9385

Post Falls

1110 Polston Ave
Post Falls, ID 83854
P: (208) 773-1180
F: (208) 262-7217

Hayden

8378 N Government Way
Hayden, ID 83835
P: (208) 209-7100
F: (208) 209-7911



Tad Buckland, MD - Alison Granier, MD - David Dance, MD - Sara Duke, MD - Whitney Smith, MD - Drew Thomas, MD
John Weisel, OD - John Calderwood, OD

- Provisions for after-hours and emergency care
- Fees for services and payment policies
- The credentials of your healthcare providers upon request
- Any facility advance directives
- To voice grievances regarding treatment and to have all grievances reported immediately to the surgery center manager relating, but not limited to; mistreatment, neglect, or verbal, mental, sexual, or physical abuse.
- Know by name the physician responsible for your care.
- Change your healthcare provider if you choose and if other qualified providers are available.
- Receive from your physician full information necessary to give informed consent prior to the start of any operative or invasive procedure.
- Have all North Idaho Eye services made available to persons with disabilities.
- Decline treatment after being informed of the possible consequences of such a decision. Your decision will be respected to the extent permissible by law.
- Receive an explanation of your doctor and facility bills.
- Notification of physician's financial interest/ownership.
- To express suggestions, complaints, exercise rights, and/or grievances without being subjected to discrimination or reprisal.

Patient Responsibilities

You have the responsibility to:

- Inform North Idaho Eye Institute of your need for interpretation services prior to appointment.
- Arrive as scheduled for appointments and notify North Idaho Eye Institute in advance of canceled appointments. Provide accurate and complete information, to the best of your ability, about your medical history, medications (including over the counter products and dietary supplements), any allergies or sensitivities to medications and other items, current health concerns, and current eye concerns.
- Ask sufficient questions to ensure understanding of your illness or problem, as well as your provider's recommendations for continuing care.

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- Follow the agreed-upon treatment plans prescribed by your doctors and other health professionals working under your doctor's directions, and to participate in your care.
- Either carry out treatment and educational recommendations or accept responsibility for the outcome.
- Question any and all instructions you do not understand.
- Communicate with your health care provider if your condition does not follow the expected outcome.
- Provide a responsible adult to remain in the surgery center during surgery, to transport you home from the facility, and remain with you for 24 hours, if required by your provider or indicated on discharge instructions.
- Inform the facility of any medical power of attorney, living will, or other directive that could affect your care.
- Become informed of service costs and the requirements of your medical/vision insurance coverage such as: required referrals, co-payments, deductibles, and your out-of-pocket responsibilities.
- Make payment or arrange for payment of services accepting personal financial responsibility for any charges not covered by your insurance.
- Behave respectfully toward all the health care professionals and staff, as well as other patients and visitors.

If you have concerns or a grievance you may contact:

- Nurse Manager and Quality Assurance Coordinator- Jennifer Bailey, R.N., BSN at 664-2600 or jbailey@northidahoeye.com
- North Idaho Eye Institute Administrator- Benjamin Gaby, 667-2531 or bgaby@northidahoeye.com
- Medical Director / Director of Quality Assurance- Dr. David Dance, 667-2531
- Accreditation Association for Ambulatory Health Care (AAHC)- 1-847-853-6060
- Idaho Department of Health and Welfare Bureau of Facility Standards- (208) 334-6626 or fsb@dhw.idaho.gov
- Office for the Medicare Beneficiary Ombudsman- www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html

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