



Patient Rights and Responsibilities

At Valor Spine Solutions, we are committed to providing excellent care in the most personal, sympathetic, confidential and dignified manner possible. We make every effort to respond to our patients' and their families' psychosocial, spiritual and cultural value concerns. We believe that a patient's rights and responsibilities are an integral part of health care. You have rights as a patient, including the right to make decisions about your health care. The following information outlines our rights and responsibilities and is given to every patient and/or designated representative under Wisconsin State law.

What are your rights?

1. You have the right to be informed about the care you will receive.
2. You have the right to get important information about your care in your preferred language.
3. You have the right to get information in a manner that meets your needs, if you have vision, speech, hearing or mental impairments.
4. You have the right to make decisions about your care.
5. You have the right to refuse care.
6. You have the right to know the names of the caregivers who treat you.
7. You have the right to a clean and safe environment.
8. You have the right to have your pain addressed.
9. You have the right to receive care free from all forms of verbal, physical, sexual, emotional abuse, neglect, exploitation, harassment or discrimination. This means you will not be treated differently because of:
 - ✓ Age
 - ✓ Race
 - ✓ Ethnicity
 - ✓ Religion
 - ✓ Culture
 - ✓ Language
 - ✓ Gender
 - ✓ Transgender
 - ✓ Size
 - ✓ Marital status
 - ✓ Sexual orientation
 - ✓ Newborn status
 - ✓ Socioeconomic status
 - ✓ Source of payment
 - ✓ Physical or mental disability
 - ✓ Gender identity or expression
 - ✓ Handicap
10. You have the right to be treated with courtesy and respect.
11. You have the right to have a patient representative with you during your care. Your representative can be a family member or friend of your choice.
12. You and your representative, if applicable, will have the opportunity to participate to the fullest extent possible in planning for your care and treatment.

Respect and Dignity

- You have the right to privacy when being interviewed, examined or treated.

- You have the right to be free from restraints.
- You have the right to be free from all forms of abuse or harassment.

Communication Rights

- When you do not speak or understand the predominant language of the community, you have the right to request an interpreter.

Right to privacy – You have the right to:

- Refuse to talk to or see anyone not officially connected to Valor Spine Solutions (including anyone Connected with the Valor Spine Solutions who is not directly Involved in your care).
- Wear appropriate personal clothing and religious or other symbolic items, as long as they do not Interfere with diagnostic procedures or treatment.
- Have your medical record, including all computerized medical information, read only by persons directly involved in your treatment or in monitoring and evaluating your care or charges, unless otherwise requested by you. Other persons may have access only with your written consent or that of your legally authorized representative.
- Expect all communications and other records about your care, including source of payment for Treatment, to be treated as confidential.

Informed consent - you understand your treatment choices and their risk as follows:

- Except in emergencies, you or your legally authorized representative's consent will be obtained before treatment is given.
- You may refuse treatment to the extent permitted by law and will be informed of the medical consequences of the refusal.
- To the degree possible, responses to questions and requests should be based on a clear, concise explanation of your condition and of all proposed technical procedures. Explanation will include the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success.
- You should not be subjected to any procedure without your consent, or that of your legally authorized representative.
- You will be informed whenever medically significant alternatives for care or treatment exist.
- You have the right to know who is responsible for authorizing and performing the procedures or treatments.
- You have a right to give informed consent to be filmed or photographed, a right to request that filming or photographing be stopped and a right to rescind the consent.

Research Studies

- You may be asked to participate in a research study. Taking part in such studies is your choice. If you decide not to participate, this will not affect the quality of the care you receive. You or your legally authorized representative will give informed consent for your participation in any form of research.

Continuity of Care

- The success of your treatment often depends on your efforts to follow medication, diet and therapy plans. Your family may need to help care for you at home. You can expect us to help you find sources of follow-up care, and as long as you agree that we can share information about your care with them, we will coordinate our activities with your caregivers outside the practice. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.

- Except in the event of an emergency, you will not be transferred to another facility without being given a full explanation for the transfer, without provisions being made for continuing care and without acceptance by the facility to which you are transferred.
- You have the right to request a discharge planning evaluation. Your provider may assist you with this process.
- Consultation: You have the right, at your own request and expense, to consult with a specialist. You have the right to access protective services. Help is provided and referrals are made according to Wisconsin State law. Resource information is provided upon request

Protection of your Information

You, and/or any person you authorize, have the right to obtain (from the physician or other practitioner responsible for coordinating your care) complete and current information about your diagnosis, course of treatment and any known prognosis for recovery. You, or any person authorized by law, have a right to access your medical record. You have a right to access, request changes to, and receive an accounting of disclosures regarding your own health information as permitted under applicable law. You, or your legal representative, have a right to be informed about the outcomes of care, treatment and services, including unanticipated outcomes.

What are your responsibilities and what is your role in your health care?

- Provide a complete and accurate medical history.
- Comply with practice rules and cooperate in your own treatment.
- Be considerate of other patients and staff by not making unnecessary noise, smoking, or causing disturbances.
- Refrain from physical and psychological abuse and intimidation.
- Provide required information concerning payment and charges.
- Notify your physician or nurse about any unexpected change in your condition that concerns you.
- Ask any questions when you do not understand what you have been told about your health care. If you don't understand, ask again.

Questions, Comments or Concerns

Valor Spine Solutions values your feedback. If you have a concern, please contact us at 262-98VALOR.

You also have the right to file a complaint by contacting:

Wisconsin Division of Quality Assurance

P.O. Box 2969

Madison, WI 53701-2969

Phone: 608-266-8481 or 800-642-6552

Fax: 608-267-0352

www.dhs.wisconsin.gov/guide/complaints.htm

I have read and understand the Valor Spine Solutions Patient Rights and Responsibilities:

Patient Signature

Print Name

Date