

**Patient Rights & Responsibilities**

At Mays and Schnapp Pain Clinic and Rehabilitation Center, we are committed to giving you the best care without regard to race, color, religion, creed, national origin, sex, sexual orientation, gender identity, age, ancestry, physical or mental disability, genetic information, marital status, source of payment or any other classification protected by applicable local, state, and federal laws. You should be an active participant in your healthcare process. To do this, it is important that you understand your rights and responsibilities.

**Your Rights** You have the right to obtain from your physician information necessary to give informed consent prior to the start of any procedure or treatment. You have the right to receive general information about clinic rules and regulations, the name of anyone providing you with services and his or her relationship to the facility. You have the right to be well informed about illness, possible treatments, likely outcomes and to discuss this information with your doctor. You have the right to refuse to participate in research unless you wish to participate. You have the right to privacy. We will respect your privacy as it relates to you and your medical care. You have the right to lodge a verbal or written grievance concerning your treatment without fear, coercion, restraint, reprisal, discrimination or unreasonable interruption of services. Grievances with potential harm will be acknowledged in writing within 2 business days for current patients and within 10 business days for discharged patients. Ask any staff member if you need more information on how to lodge a grievance. You have the right to receive information about charges billed to your account. You have the right to know who owns our surgery center: it is a joint venture between Baptist Hospital and Pain Clinic Associates, PC (the private practice owned by Dr. Mays and Dr. Schnapp).

**Your Responsibilities** It is your responsibility to provide us with information about your health, past illness, hospital stays and medicine. It is your responsibility to ask for any additional information which you need to make informed treatment decisions. It is your responsibility to follow instructions given by your physician and staff and to ask questions when you do not understand. It is your responsibility to be considerate of the needs of other patients, and follow guidelines concerning smoking, visitors, noise and conduct. It is your responsibility to provide information to the clinic about your ability to pay for services.

If you have a question about these rights and responsibilities, or if you suspect a violation of these policies, please ask to speak with a manager or the practice administrator.

If you have a grievance or complaint and you are not satisfied with its resolution, you may go to the website of the Medicare Beneficiary Ombudsman at <http://www.medicare.gov/Ombudsman/activities.asp> or the Tennessee Department of Health at Office of Investigations 227 French Landing, Suite 201 Heritage Place Metro Center Nashville, TN 37243; 800-852-2187.

**Mays and Schnapp Pain Clinic and Rehabilitation Center  
PATIENT SELF-DETERMINATION ACKNOWLEDGMENT**

- I. TN State 1200-8-10-.06 (1)(n) requires that we ask you if you are an organ donor: YES NO
- II. This information is given as a result of the Omnibus Budget Reconciliation Act of 1990, the 2004 Tennessee Health Care Decisions Act and the CMS3887P section 416.41 #2 regarding advance medical directives.

In Tennessee, a person generally has a right to accept or to refuse medical treatment. Tennessee has a Natural Death Act. This law allows a competent adult to make a living will about medical treatments which serve to sustain the life process. The living will can direct that treatment be withheld or withdrawn if the person has a terminal condition with no reasonable medical expectation of recovery. The living will can direct that the patient be permitted to die naturally and with only such medications or treatments as necessary for comfort or to alleviate pain. The living will is to be honored by family and the physician, in absence of the patient's ability to give directions regarding medical care.

Tennessee also has a durable power of attorney for health care act which permits a person to designate a person (attorney-in-fact) to make healthcare decisions for the person.

The Mays and Schnapp Pain Clinic and Rehabilitation Center recognizes the right of a patient under state law to have advance directives, and it is our policy to comply with such advance directives.

More information and copies of advance directives forms can be found at <http://health.state.tn.us/Boards/AdvanceDirectives/index.htm>

Do you (the patient) have a living will and/or durable power of attorney for healthcare? YES NO

If you do have one of these statements, deliver a copy to the admitting nurse to be filed in your medical chart.

For legal advice concerning living wills or durable powers of attorney for health care, please consult your legal advisor. Generally, these statements must be signed by the person and witnessed by two witnesses who

- 1. Are not related to the person by blood or marriage;
- 2. Are not entitled to any part of the person's estate;
- 3. Are not attending physician or employee of same or employees of the institution in which the person is a patient.
- 4. Generally,

these statements must also be notarized.

\_\_\_\_\_  
Signature of patient or responsible party

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Date

