

**Academic Urology of Bryn Mawr – Ambulatory Surgery Center  
Center for Pelvic Medicine**

**Patient Bill of Rights**

1. Patients have the right to be treated with dignity and to receive courteous, considerate and respectful care.
2. Patients have the right to expect that the staff have been fully credentialed and are competent to perform the treatments and procedures for which they have privileges.
3. Patients have the right to obtain from their physician their diagnosis, treatment plan and prognosis, in language clearly understandable in "lay" terms.
4. The patient has the right to give informed consent prior to the commencement of the procedure.
5. The patient has the right to refuse treatment within the confines of the law, to participate in his care and to be informed of the medical consequences for refusal of care.
6. The patient has the right to have his privacy respected.
7. The patient has the right to expect care regardless of age, race, color, sexual orientation, religion, marital status, sex, national origin, handicap, source of payment.
8. The patient has the right to expect interpretive services, visual and auditory aids will be made available.
9. The patient has the right to expect that referral or transfer will occur if necessary but only after he and/or his care person have been made aware of such need.
10. The patient has the right to obtain information regarding relationships between the facility and other healthcare providers, in so far as care is concerned.
11. The patient has the right to be advised when the facility is involved in research and human experimentation affecting his care or treatment. The patient has the right to refuse his participation.
12. The patient has the right to expect continuity of care among his healthcare team.
13. The patient has the right to be informed of fees for services and payment policies, as well as any charges above what insurance will pay.
14. The patient has the right to be free from mental, physical, sexual and verbal abuse and the right to have any allegations investigated by the facility.

15. The patient has the right to be informed of provisions for after-hour and emergency coverage.

16. The patient has the right to expect truth in advertising by the facility.

17. The patient has the right to know whether or not the organization accepts his insurance, including Medicare, prior to his treatment.

18. The patient has the right to know that the facility makes decisions regarding the provision of ongoing care, treatment and discharge based on the assessment of the patient.

19. Patients have the right to make suggestions regarding changes in policies and procedures of the facility and to file a grievance without fear of reprisal.

20. Patients have the right to review, inspect and amend their health record to include disclosures.

21. The patient has the right to have an advance directive. However, he also has the right to know that such directive will not be followed during his surgical event/appointment.

22. The patient has the right to know that staff will be responsive to his complaints regarding pain and will provide pain prevention and management.

23. Patients also have the right to contact the accreditation agency, the state and CMS regarding issues and/or complaints surrounding the quality of their care.

The undersigned has received a copy and has had a chance to review the Patient Bill of Rights.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

**ACADEMIC UROLOGY OF BRYN MAWR  
ACADEMIC UROLOGY OF BRYN MAWR AMBULATORY SURGERY CENTER  
ACADEMIC UROLOGY OF BRYN MAWR CENTER FOR PELVIC MEDICINE**

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**PATIENTS RIGHTS AND RESPONSIBILITIES**

I acknowledge that I have received Academic Urology of Bryn Mawr's Patient Bill of Rights. Furthermore, I have had the opportunity to read the notice, ask questions regarding my rights as a patient and understand all of the information provided.

**FINANCIAL INTEREST DISCLOSURE**

I am aware that the following physicians have a financial and ownership interest in Academic Urology of Bryn Mawr, the Bryn Mawr Urology Ambulatory Surgery Center and the Center for Pelvic Medicine: David Ellis MD, James Squadrito MD, Leigh Bergmann MD, Matthew Soroush, MD, David McGinnis MD, and Ilia Zeltser MD. I acknowledge that I can seek care at another facility in which these physicians do not have an investment. I acknowledge that I have elected to have my care/procedure at Academic Urology of Bryn Mawr after considering both the physician's financial interest in the facility and my choice to have the procedure performed at a different facility.

**ADVANCE DIRECTIVES**

Please initial one:

\_\_\_\_\_ I do not have an advanced directive/living will at present, and am not interested in pursuing further information regarding same.

\_\_\_\_\_ I do not have an advanced directive/living will at present, and would like information on advanced directives.

\_\_\_\_\_ I have executed an advanced directive/living will.

I acknowledge that I have been informed that advanced directives do not apply during the time of any procedure at Academic Urology of Bryn Mawr/Ambulatory Surgery Center. I understand that all life saving measures will be taken during any procedure I have even if I have a fully executed advanced directive to the contrary.

By my signature below, I acknowledge that I have received the aforementioned notices provided by Academic Urology of Bryn Mawr prior to the date of my visit/procedure, or if a procedure has been scheduled the same day as my referral, I have received the notices prior to Academic Urology of Bryn Mawr obtaining informed consent for the procedure to be performed.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_\_

For OFFICE USE ONLY:

\_\_\_\_\_ Advanced Directive Information Given to Patient

Last Updated: 6/15