



Aesthetic Medicine provides you with the best in health care both in terms of treatment and patient experience. We respect your rights as a patient and want you to understand your responsibility as a partner in your care.

Patients' Rights

Aesthetic Medicine is committed to providing you with respectful care as we meet your health care needs. For this reason, we provide the following summary of your rights as a patient:

- You have a right to considerate and respectful care.
- You have the right to participate in the development and implementation of your plan of care.
- You will not be denied access to care due to race, creed, color, national origin, sex, age, sexual orientation, religion, disability, or source of payment.
- You have the right to information about your treatment in terms that you can understand.
- You are entitled to be free from all forms of abuse or harassment.
- You have the right to make or have a representative of your choice make informed decisions about your care and have family input in care decisions.
- You have the right to appropriate assessment and management of pain.
- You are entitled to be free from any forms of restraint or seclusion as a means of discipline, coercion or retaliation.
- You are entitled to information about rules and regulations affecting your care or conduct.
- You have the right to know the names and professional titles of your physicians and caregivers.
- You have the right to personal privacy and to receive care in a safe and clean environment.
- You have the right to a prompt and reasonable response to any request for services within the capacity of the medical facility.
- You have the right to express concerns or grievances regarding your care to the staff.
- The confidentiality of your private health information will be maintained.
- You have the right to request to see your health record within the limits of the law.
- You have the right to an explanation of all items on your bill. You have the right to be provided with information about your treatment needs and follow up care.
- You have the right to be informed of unanticipated outcomes.

Patients Printed Name

____/____/_____
Date (MM/DD/YY)

Patient Signature



Policy on Advance Directives

As a free-standing Aesthetic Medicine Facility, we are required to inform our patients of our Advance Directive policies. We are happy to speak with you over the phone to clarify our policy or answer any questions you may have. Our front office telephone number is: 503-697-9777.

DEFINITION:

An advance directive is a set of instructions that explain the specific health care measures a person wants if he or she should have a terminal illness or injury and become incapable of indicating whether to continue curative and life-sustaining treatment, or to remove life support systems. The person must develop the advance directive while he or she is able to clearly and definitively express him or herself verbally, in writing, or in sign language. It must express the person's own free will regarding their health care, not the will of anyone else. It does not affect routine care for cleanliness and comfort, which must be given whether or not there is an advance directive.

Oregon State Law Regarding Advance Directives:

In Oregon, the Health Care Decisions Act (ORS 127.505 – 127.660 and ORS 127.995) allows an individual to preauthorize health care representatives to allow the natural dying process if he or she is medically confirmed to be in one of the conditions described in his or her health care instructions. This Act does not authorize euthanasia, assisted suicide or any overt action to end the person's life.

OUR POLICY:

- At Aesthetic Medicine, it is our policy that **"WE DO NOT HONOR"** advance directives. Should you wish that no effort be made at resuscitation, you will need to go to another clinic as DNR's are not acknowledged at this facility.
- The existence of an advance directive, or lack thereof, will **not** determine the patient's access to care, treatment, and services.
- Official Oregon state advance directive forms will be available to patients, if requested, in advance of the date of the procedure at the Aesthetic Medicine.
- Patients or patient representatives will be informed prior to the day of surgery of the facilities' policy on advance directives and the applicable State health and safety laws. Thus, allowing those involved to make an informed decision about whether to proceed at Aesthetic Medicine. Patients will always be encouraged to make informed decisions regarding their care.
- If the patient referral to Aesthetic Medicine is made on the same day as your procedure, the patient will be informed of our policies the day of the procedure.
- If the patient were to be in medical distress at this facility, we would take all measures to revive the patient. We would then transport the patient to a hospital where they will adhere to the stipulations of his or her advance directive if on file per patient request.

Patients Printed Name

____/____/_____
Date (MM/DD/YY)

Patient Signature



Patients' Responsibilities

This is a summary of your responsibilities as a patient of **Aesthetic Medicine**

- It is your responsibility to provide accurate and complete information about all matters pertaining to your health, including medications and past or present medical problems.
- You are responsible for following the instructions and advice of your care team. If you do not follow the instructions or advice, you must accept the consequences of your actions.
- It is your responsibility to notify a member of the care team if you do not understand information about your care and treatment.
- You are responsible for reporting changes in your condition or symptoms, including pain, to a member of the care team.
- It is your responsibility to act in a considerate and cooperative manner and to respect the rights and property of others.
- You are responsible for following the rules and regulations of *Aesthetic Medicine*.
- You are expected to keep your scheduled appointments or to cancel them in advance if possible.
- It is your responsibility to pay your bills or make some arrangement with the facility to meet your financial obligations.
- You have the right to provide a copy of an Advanced Directive to the front desk personnel to be placed in your medical record. If you would like information about Advanced Directive, please ask the front desk personnel. **Your Advanced Directive will be suspended for the duration of your visit to our office-based surgery center.**

Patient Privacy Policies

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION:

WHO WILL FOLLOW THIS NOTICE:

- This notice describes the information privacy practices followed by our employees, staff and other office personnel.

YOUR HEALTH INFORMATION:

- This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive at this office. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnosis, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

Patient Initial _____



- We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.
- For Treatment: We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.
- Appointment Reminders: We may contact you as a reminder that you have an appointment for treatment or medical care at the office.
- Treatment Alternatives, Health-Related Products and Services: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- You consent to us taking a picture of your face that will be included in your electronic file to help identify you when you arrive at our office or when we are talking to you on the telephone.

SPECIAL SITUATIONS

- To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- Required By Law: We will disclose health information about you when required to do so by federal, state or local law.
- Law Enforcement, Lawsuits and Disputes: We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Questions or Concerns? You and your family should feel you can always voice your concerns. If you share a concern or complaint, your care will not be affected in any way. The first step is to discuss your concerns with your doctor, nurse, or other caregiver. If you have concerns that are not resolved, please contact ***Aesthetic Medicine Practice Administrator at (503) 697-9777.***

Should you continue to remain concerned after contacting the ***Practice Administrator: Shana La Marsh, CEO*** you may contact the ***Oregon Medical Board (OMB) at (971) 673-2700 or info@omb.oregon.gov.***

Patients Printed Name

____/____/_____
Date (MM/DD/YY)

Patient Signature