

## **Midwest Fertility Specialists**

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### **Patient Rights and Responsibilities**

It is the policy of Midwest Fertility Specialists to preserve the rights and responsibilities of every patient and adhere to the guidelines as defined herein. This policy does not presume to be all inclusive of incidents related to patient's rights and responsibilities. It is intended to express the Practice's commitment to maintain a professional relationship and to emphasize the need to observe the rights and responsibilities of the patient.

### **PROCEDURES**

These rights and responsibilities are published and communicated to all patients

### **PRINCIPLES OF PATIENT'S RIGHTS**

1. All patients are treated with respect, consideration and dignity.
2. All patients are provided appropriate privacy.
3. All patient disclosures and records are treated confidentially, and except required by law, all patients are given the opportunity to approve or refuse their release.
4. All patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis.
5. All patients are given the opportunity to participate in decisions involving their health care.
6. All patients have the right to refuse participation in clinical trials that may be offered from time to time.
7. All patients have the right to complete and easily understood information about the cost of treatment options and the role of insurance as MFS knows it.
8. All patients have the right to change providers, within MFS, one time.
9. All patients have the right to consent or refuse to donate embryos for research without affecting the quality of care provided to them.
10. All patients have the right to complain or voice concern about service, care and staff interactions, etc. to the Practice Administrator (John Kolodzej), with no fear of repercussions.

### **PRINCIPLES OF PATIENT'S RESPONSIBILITIES**

1. Provide complete and accurate information about your medical history and current condition, medications, (including over-the-counter products and dietary supplements) and any allergies or sensitivities.
2. Provide complete and accurate demographic and insurance information.
3. Follow the agreed upon treatment plan as specifically prescribed by the physician.
4. Provide a responsible adult for transport home from our facility if that is required.
5. Inform MFS about any legal documents (wills, marriage, divorce, power-of-attorney, etc) that could impact care.
6. Accept personal financial responsibility for any charges not covered by insurance.
7. Be respectful of all providers and staff, as well as other patients.

If a patient wished to talk with someone directly regarding the care/service received at Midwest Fertility, please contact John Kolodzej, Practice Administrator, at (317) 571-1637 or by email at [jkolodzej@ivfmidwest.com](mailto:jkolodzej@ivfmidwest.com). You may also contact AAAHC by phone at (847) 853-6060 or by mail at 5250 Old Orchard Road, Suite 200, Skokie, IL 60077 or The Joint Commission by phone at (800) 994-6610 or by email at [complaint@jointcommission.org](mailto:complaint@jointcommission.org) or by mail at Office of Quality Monitoring, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181. Please be assured that there can be no repercussions/retaliation from Midwest Fertility Specialists for contacting any of the above with concerns or complaints.

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Print Name

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Signature

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Date