

*Your Rights and Responsibilities as a patient of
The Center for Facial Plastic Surgery*

Patient's Rights:

- + You have the right to be treated with respect, consideration and dignity.*
- + You have the right to total privacy regarding your care and confidential records. No records are released unless a patient directs us to do so.*
- + You have the right to be provided to the degree known, complete information about your treatment.*
- + If you are unable to receive such information, it will be provided to a designated person by you, the patient or legally authorized person.*
- + You have the right to exchange physicians if other qualified physicians are available.*
- + You have the right to refuse to participate in experimental research.*
- + Your photographs are used for identification purposes only, unless directed by the patient.*
- + Survey questionnaires will be made available to you.*
- + You have the convenience of calling our office 24 hours a day and if necessary, your doctor can be paged.*
- + You have the right to express any and all grievances to our office manager:
daisy@drchurchill.com, a doctor in writing: 515 Old Northwest Hwy, Barrington, IL 60010, or contact our facility's accreditor: AAAASF 888-545-5222*

Patient's Responsibilities:

- + When making an appointment, it is the patient's responsibility to tell the receptionist the nature of the visit so that the proper amount of time can be allotted.*
- + The patient is responsible for providing the staff with the proper contact information.*
- + The patient is responsible for reading and signing all of the required forms provided to them.*
- + The patient must also be responsible to follow pre and post-operative instructions and to provide our office with any surgery required test results in a timely matter.*
- + It is the patient's responsibility to call the office if there are any symptoms experienced which are not described as normal following surgery.*
- + It is important that the patient notify the staff in advance to change an appointment.*
- + The patient must accept financial responsibility for all charges incurred and must see to it that all surgical procedures are paid in full in advance.*
- + Your opinion is very important to all of us. If the patient has a concern, it is the patient's responsibility to bring it to the attention of our staff who will make every effort to resolve the issue.*

*Thank you in advance for your understanding of the measures above.
They are designed to keep the quality of our practice at its best!*