

**Benjamin Lee, MD**  
**Pain Management Consultant**

**Rights and Responsibilities Form**

As a patient of Dr. Benjamin Lee, your safety, well being and comfort is of top priority. While a patient with us, it is important to know what your rights and responsibilities are. Please take a moment to review the following list of rights and responsibilities and don't hesitate to ask a member of our administrative staff to clarify any one of these that are unclear to you. We would also be glad to provide our patients who suffer from poor vision with a large text version of this upon request.

**YOUR RIGHTS:**

- You have the right to be informed of the services Benjamin Lee M.D provides comprehensive pain assessments as well as several treatment modalities with the goal of managing and treating your pain. If requested, a complete list of services will be made available to you or you may visit our website at [www.mdpainpro.com](http://www.mdpainpro.com).
- You have the right to receive considerate and respectful care regardless of race, gender, nationality, religious preference, age, sexual orientation, or physical and mental disabilities.
- You have the right to have such factors as spirituality, cultural and psychological variables taken into consideration when care is planned.
- You have the right to receive care in an environment free of abuse, neglect, or harassment.
- You have the right to be called by your proper name.
- You have the right to know the names of all people involved in your care.
- You have the right to be informed by your doctor about your diagnosis and possible prognosis.
- You have the right to be informed of the benefits and risks of treatment, and the expected outcome including unanticipated outcomes.
- You have the right of informed consent before your procedure.
- You have the right to have your pain assessed and participate in decisions about managing your pain.
- You have the right of free will and will not be restrained or secluded in any way that is not medically necessary.
- You will receive full consideration of your privacy and confidentiality in examinations, treatment sessions, and care discussions with you healthcare provider.
- You have the right to ask for communication assistance if you have a visual, speech or hearing impairment. Should you have a physical impairment, you have the right to request reasonable accommodations to ensure access to the facility.
- You may ask for a chaperone to be present during your examination.
- You and your family members, with your permission, have the right to participate in discussions regarding your care and you have the right to refuse care. Should you choose to not follow the medical advice of the doctor, neither he, his staff, or Benjamin Lee M.D can be held accountable for the medical consequences.
- You have the right to refuse participation in medical research studies.
- You have the right to be notified of any lapse in malpractice insurance coverage and to seek treatment elsewhere.
- You have the right to receive advanced notice of your discharge from the facility, should the need arise. You can expect to receive information directing you to the appropriate health care provider.
- You can expect that all communications and records regarding your healthcare are kept confidential, unless disclosure is allowed by law. This includes but is not limited to information disclosed at your request in a signed release, information provided to your Health Insurance Company for the purpose of reimbursement, and the sharing of information between your healthcare providers.

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-You have the right to discuss charges submitted on your behalf to your insurance carrier. The Billing Department is always available to answer any questions you may have after receiving your explanation of benefits form, or a patient balance statement.

-You have the right to instruct us on how to proceed should you become incapacitated while within Benjamin Lee M.D. Advance Directive forms and information will be provided to you at your request. Please read our policy on Advance Directives below.

-You have the right to voice any concerns you have regarding your care. If you have a concern, please ask to speak with the office manager or call (443) 490-4000 and request the office manager.

If you have a concern, you have the right to request a review by one of the following organizations:

**Maryland Dept of Health and Mental Hygiene**

Office of Health Care Quality  
Spring Grove Center  
55 Wade Avenue, Bland Bryant Building  
Catonsville, MD 21228  
Program Manager  
(410) 402-8000 or (800) 492-6005  
[dhmh.maryland.gov/OHCQ](http://dhmh.maryland.gov/OHCQ)

**The Accreditation Association for Ambulatory Health Care, Inc.**

5250 Old Orchard Road  
Suite 200  
Skokie, IL 60077  
(847) 853-6060

**For Medicare Beneficiaries:**

There is a medicare beneficiary ombudsman to ensure you receive the information and help you need to understand you medicare options, and to apply your medicare rights and protections. Please visit:  
[www.medicare.gov/ombudsman/resources.asp](http://www.medicare.gov/ombudsman/resources.asp)

**YOUR RESPONSIBILITIES:**

-You are expected to provide complete and accurate information, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer, when required.

-You are expected to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other factors that pertain to your health.

-You are expected to ask questions when you do not understand information and instructions. If you believe that you can not follow through with your treatment plan, you are responsible for telling your provider. You are responsible for outcomes if you do not follow the plan of care set for you.

-You are expected to actively participate in your pain management plan and keep the doctor, and other allied health care professionals, informed of the effectiveness of your treatment.

-You are expected to treat all staff, other patients and visitors with courtesy and respect; abide by all facility rules and safety regulations; and be mindful of noise levels, privacy and of the number of people that accompany you to your visit.

-You are to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner. Please see our Payment Policies for more information.

-You are expected to keep appointments, or call the office 24 (twenty- four) hours prior to your appointment if you can not attend.

-When necessary, you are expected to provide a responsible adult to transport you home from the facility.

-You are expected to provide Benjamin Lee M.D. with information regarding any living will, power of attorney, or any such directive that could affect your care.