



Your Rights and Responsibilities as a Patient

OUR MISSION

North Shore Oral and Maxillofacial Surgery is dedicated to providing high quality oral (dental) and maxillofacial surgery utilizing IV and inhalation anesthesia options with access to state-of-the-art technological advances.

DR. SCOTT FRANK

Dr. Scott Frank is a graduate of Northwestern University Dental School. Dr. Frank is licensed as a specialist in Oral and Maxillofacial Surgery by the State of Illinois. He studied Oral Maxillofacial Surgery in Washington D.C. at Howard University Hospital, the District of Columbia General Hospital, and the Veterans Administration Medical Center. He is a member of the American Association of Oral and Maxillofacial Surgeons, the Illinois Society of Oral and Maxillofacial Surgeons, the International Congress of Oral Implantology, and the Academy of Osseointegration.

ANESTHESIA

Your anesthesia will be provided by Dr. Frank, an Anesthesiologist, or Certified Registered Nurse Anesthetist (CRNA). All of the anesthesiologists are licensed by the State of Illinois, and all CRNA's are certified by the Council on Re-certification of Nurse Anesthetists. You will be contacted by the anesthesiologist or CRNA who will be doing your case prior to your day of surgery.

PATIENT RIGHTS

- **Respect and Dignity:**
You have the right to be treated with consideration, respect and dignity, acknowledging your individuality and the values that affect your response to care.
- **Privacy:**
You have the right to expect that all those involved in your care will honor your right to privacy and ensure the privacy of your care and medical record.
- **Identity:**
You have the right to know the names, positions, and professional relationships of all individuals involved in your care.
- **Information:**
You have the right to expect to receive sufficient information, in terms you understand, regarding your diagnosis, treatment prognosis and follow-up care. (In the event that your health makes it inadvisable to give you such information, the information will be provided to a person designated by you or a legally authorized person.)
- **Participate in Care Decisions:**
You have the right to participate in the decisions affecting your health care in collaboration with your physician, except when such participation is not indicated for medical reasons.
- **Refusal of Treatment:**
You have the right to accept medical care or refuse treatment within the limits of the law and to be informed of the consequences of refusal.
- **Assessment of Pain:**
You have the right to appropriate assessment and management of pain.
- **Access to Medical Record:**
You have the right to inspect and obtain a copy of your medical record, and to expect a reasonable and timely transfer of information from one physician to another.
- **Knowledge of Financial Obligations:**
You have the right to information regarding your bill prior to treatment, and to examine and receive an explanation of your bill regardless of the source of payment.
- **Resolution of Patient Complaints:**
You have the right to expect that the Center for Oral and Facial Surgery, Ltd. will try to resolve all patient complaints without compromising your future access to care.



PATIENT RESPONSIBILITIES

- **Providing Information:**
You are responsible for providing, to the best of your knowledge, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications and other matters relating to your health. You are responsible for reporting any perceived risks regarding your care, and reporting unexpected changes in your condition.
- **Asking Questions:**
You are responsible for making known whether you clearly comprehend your diagnosis, treatment and follow-up care plan, and what is expected of you.
- **Participation:**
You are responsible to fully participate in decisions involving your health care and to accept the consequences of those decisions if complications occur.
- **Following Instructions:**
You are responsible for following the treatment plan recommended by your physician. You should express your concerns regarding your inability to comply with a planned course of treatment, and in understanding the consequences of any treatment alternatives.
- **Accepting Consequences:**
You are responsible for your actions if you refuse treatment, or do not follow the physician's instructions.
- **Following Rules and Regulations:**
You are responsible for keeping your appointment, or canceling 24 hours prior to your scheduled appointment, helping control noise and disturbances, following the no-smoking policy, and respecting other's property.
- **Meeting Financial Commitments:**
You are responsible for assuring that the financial obligations for your health care are fulfilled as promptly as possible.
- **Respect and Consideration:**
You are responsible for being considerate and respectful of the rights of others.

YOU ARE A PARTNER IN THE PROCESS!

Your involvement in helping us deliver quality health care is important. Please share your concerns and comments with us. Should you have a concern regarding quality of care, or a safety issue, we would appreciate it if you would bring it to the attention of our Office Administrator. You have the right to expect that North Shore Oral and Maxillofacial Surgery will try to resolve all of your concerns without compromising your future access to care.

We are committed to providing the highest level of care. Anyone believing that they have pertinent and valid information about quality of care issues, or the safety of our environment that we have not addressed, may contact:

The Joint Commission at 1-800-994-6610, or visit www.jointcommission.org and click on "report a complaint."

After Hours

If you need to reach a doctor after hours, please call our office for paging instructions, and the doctor will call you back.

Phone: 847-276-2500

ADVANCED DIRECTIVE

In the event of an emergency, 911 will be called. If you have executed an Advanced Directive, please bring it or a copy to our office, and we will place it in your medical chart.