



## **The Plastic Surgery Experts**

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Mark Mandell-Brown, M.D.

### **Statement of Patient Rights and Responsibilities**

The Mandell-Brown Surgical Center has adopted the following written policies concerning the rights and responsibilities of all patients:

- Patients have the right to considerate and respectful care
- Patients have the right to actively participate in decisions regarding medical care and to refuse treatment to the extent permitted by law.
- Patients have the right to privacy concerning their own medical care and to expect that all communications and records pertaining to their care will be treated as confidential. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Staff not directly involved in the patient's care should have the permission of the patient to be present.
- Patients have the right to receive information necessary to give informed consent prior to any procedure or treatment.
- Patients have the right to examine and receive an explanation of their bill regardless of source of payment. They also have the right to know fees for specific services.
- Patients have the responsibility to provide accurate and complete information regarding past and present health concerns.
- Patients have the right to know what the Mandell-Brown Surgical Center rules and regulations are and how they apply to their conduct as a patient and to know provisions for after hours and emergency care.
- Patients are responsible for promptly fulfilling the financial obligations of health care.
- Patients are responsible for following treatment(s) and appointments recommended by the physician. Failure to comply may affect outcome.
- Patient's rights and responsibilities apply also to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- Patients have the responsibility to respect the property of the Mandell-Brown Plastic Surgery Center. This is a NO SMOKING facility.
- No guns or weapons are permitted on the premises of the Mandell-Brown Plastic Surgery Center.
- No driving a motor vehicle 24 hours following IV Sedation or General Anesthesia.
- It is our policy NOT to accept advance directives since procedures performed are elective.
- Skin Care Products can be returned within in 30 days of purchase for a full refund otherwise refunds CANNOT be provided.

Ohio Department of Health complaint hotline 1-800-669-3534

Mail complaints to: ODH, PCSU, 246 N. High St., Columbus, Ohio 43215

Office of the Medicare Beneficiary Ombudsman website: [www.medicare.gov/ombudsman/resources.asp](http://www.medicare.gov/ombudsman/resources.asp)

The Mandell-Brown Surgical Center LLC is owned by Dr. Mark Mandell-Brown.

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Mandell-Brown Plastic Surgery Center

10735 Montgomery  
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## **Advance Directives: Living Wills and Durable Power of Attorney**

Federal Law requires us to provide you, the patient, with an explanation of your rights under Ohio law to make personal decisions regarding your own medical care. We are required to ask whether you have written down your wishes. Advance Directives allow you to make clear your health preferences in writing while you are still healthy and able to make decisions. The resulting documents let your doctor know your wishes concerning medical treatment in the event you should become terminally ill and unable to communicate.

**The Mandell-Brown Plastic Surgery Center does not accept Advance Directives for surgical procedures.**

**What are my rights regarding medical treatment?** You have the right to make your own medical treatment decisions. If you do not want certain treatments, you have the right to tell your doctor you do not want them. Most patients can express their wishes to their doctor, but some that are seriously injured or unconscious cannot. However, you have the right to make your wishes known before such a situation occurs.

**What if I'm too sick to decide or unable to communicate my wishes?** Sometimes people can't tell their doctors about the kind of care they want because they become too sick and are unable to communicate. Under Ohio law, you have the right to fill out a form, advance directive, while you are still able, which tells your doctors what you want done if you are unable to communicate your wishes.

**What kinds of forms are available?** Under Ohio law there are two different forms you can use to make your wishes known:

Durable Power of Attorney for Health Care: This form allows you to appoint someone as your agent to make all health care decisions for you, should you become terminally ill and unable to communicate, or temporarily or permanently unable to make decisions for yourself.

Living Will: This form allows you to give advance written directions about all your health care decisions when you are terminally ill and unable to communicate, or in a permanently unconscious state.

**Who can fill out these forms?** People at least 18 years old who can make their own decisions can fill out these forms.

**Do I need a Lawyer?** No. You may choose to discuss these matters with an attorney, but there are no requirements to do so.

**Do my health care providers have to follow my instructions?** Yes, if your directions comply with state law. However, Ohio law includes a conscience clause in case your health care provider is unable to follow your directions due to a conflict with the caregiver's conscience. In this case, you can be transferred to another health care provider who will comply with your wishes.

### **Durable Power of Attorney for Health Care**

This document becomes effective only when your physician determines you are temporarily or permanently unable to make your own decisions about your treatment. You can choose any adult relative or friend you trust to speak for you when you are unable to make your own decisions.

### **Living Will**

Your living will is your set of written instructions to your physician about the type of health care treatment you want when you are unable to communicate your wishes. It becomes effective only when you are permanently unconscious or terminally ill and unable to communicate. It spells out to what extent you want life-support technology used to prolong your life. It gives your caregivers the authority to follow your instructions regarding the medical treatment you want under these conditions.

If you would like to review either of these forms, please let your nurse know. Copies are available upon request.

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