



Physicians and staff at Tri-State Orthopaedic Surgeons, Inc. take your health and well-being very seriously. We encourage open communication and active participation when making decisions about your health and treatment. Please read about patient rights and responsibilities to ensure you receive the safest and most effective health care.

Patient Rights

1. You have the right to receive adequate, appropriate, and compassionate care.
2. You have the right to be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
3. You will not be discriminated against based on your race, color, religion, sex, sexual orientation, age, mental or physical disability, genetic information, veteran status, national origin, gender identity and/or expression, socioeconomic status, or source of payment or any other characteristic protected by federal, state, or local law.
4. You have the right to know who is providing your care, what their qualifications are, and what role they play in your care.
5. You have the right to receive information about your condition in terms you can understand, as well as the proposed course of treatment.
6. You have the right to request and receive language interpreting and translation services. Patients with vision, speech, hearing, or cognitive impairments have the right to receive information from their provider in a manner that meets their needs.
7. You have the right to designate a representative to make healthcare decisions on your behalf.
8. You or your designated representative have the right to participate in the consideration of ethical issues surrounding your care.
9. You have the right to refuse treatment to the extent provided by law and to be informed of the medical consequences of that refusal. If you refuse care or treatment, you are responsible for the results of that decision.
10. If your physician or their staff decides that your refusal of treatment prevents you from receiving appropriate care according to ethical and professional standards, the relationship with you may be terminated upon reasonable notice.
11. You have the right to privacy at check-in, evaluation, and treatment areas.
12. You have the right to authorize in writing who may receive copies of your medical record, except as required by law. Communication and records about your care will be treated confidentially.
13. You have the right to have a family member, friend, or other individual present during your visit to our office.
14. You have the right to receive an explanation of charges in your statement except where prohibited by law.

Patient Responsibilities

1. Provide an accurate and complete health history including present complaints, past illnesses, allergies, hospitalizations, medications, previous surgeries, and other matters related to your health.
2. Be truthful and forthcoming with your physician and strive to express your concerns clearly.
3. Follow the treatment plan established by your physician, including the instructions of other health professionals as they carry out the physician's orders.
4. Ensure you understand the course of your medical treatment and what is expected of you.
5. Understand the consequences and potential outcomes if you do not follow the treatment plan established by your physician.
6. Plan for responsible transportation after treatment when advised by your physician.
7. Provide accurate health insurance information and understand your financial responsibilities. Ensure financial obligations are promptly satisfied.
8. Recognize that a healthy lifestyle can often prevent or mitigate illness and take responsibility to follow preventive measures and adopt health-enhancing behaviors.
9. Contribute to a safe environment of care. Be aware of and refrain from behavior that unreasonably places the health of others at risk. Treat other patients, visitors, and staff with respect and consideration.
10. Keep your appointments and notify our office if you are unable to do so.

Our obligation to provide a safe environment for patient care may override the patient's right to privacy. If you believe that you have been mistreated, denied services, or discriminated against in any aspect of services because of a handicap, you may file a grievance. A written response will be provided upon request.

Attn: Compliance Manager
225 Crosslake Dr.
Evansville, IN 47715
(812)477-1558

You should also be aware that you can file a complaint directly with the Indiana State Department of Health, Consumer Services and Health Care Regulation by calling ([800\)246-8909](tel:8002468909) or emailing complaints@isdh.in.gov.