



PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

STATEMENT

Urology of Indiana is committed to providing high-quality, safe, and patient-centered care. We respect the rights of all patients and are dedicated to treating each individual with dignity, respect, and compassion. This Patient Bill of Rights and Responsibilities outlines what you can expect from us, and what we expect from you as a partner in your care.

PATIENT RIGHTS

As a patient, you have the right to:

1. Respect and Non-Discrimination

Receive care in a safe, respectful, and dignified environment, free from discrimination.

2. Information and Communication

Receive complete and understandable information about your diagnosis, treatment options, risks, benefits, and prognosis. You have the right to know the identity and role of your care team.

3. Participation in Care

Participate in decisions regarding your care, provide informed consent prior to treatment, and refuse treatment to the extent permitted by law.

4. Privacy and Confidentiality

Have your privacy respected during care and expect confidentiality of your medical information in accordance with applicable laws.

5. Access to Medical Records

Access, inspect, and obtain copies of your medical records within a reasonable timeframe, and request amendments as permitted by law.

6. Safe Environment



Receive care in a safe setting and be free from abuse, neglect, harassment, or exploitation.

7. Continuity of Care

Receive continuity of care and assistance with referrals or transfers when medically appropriate.

8. Emergency Care

Receive emergency care when needed, consistent with applicable laws.

9. Financial Transparency

Receive information about charges, billing, practices, and insurance coverage, and request an itemized bill.

10. Grievances and Complaints

Voice concerns or complaints without fear of retaliation and receive a timely response and resolution.

11. Advance Directives

Formulate advance directives and designate a healthcare decision-maker, as permitted by law.

12. Research Participation

Refuse to participate in research or experimental treatment without affecting access to care.

PATIENT RESPONSIBILITIES

As a Patient, you are responsible for:

1. Providing accurate and complete information about your health and medical history.
2. Following the agreed-upon treatment plan or informing your provider if you are unable to do so.



3. Asking questions when you do not understand your care.
4. Respecting the rights, property, and safety of staff and other patients.
5. Meeting financial obligations related to your care.
6. Following facility policies and procedures.

GRIEVANCE / COMPLAINT CONTACT INFORMATION

If you have a concern or complaint regarding your care, you are encouraged to contact our office so we may address your concerns promptly.

Internal Contact:

Elaine Guppy, Compliance Director

Phone: (615) 703-0492

Email: compliance@us-uro.com

If your concern is not resolved, you may also contact the appropriate state agency:

Indiana Department of Health

Phone: (800) 246-8909

Email: complainants@isdh.in.gov

Website: <https://www.in.gov/health/cshcr/report-a-complaint/>

You may also contact Medicare or other applicable regulatory agencies, if appropriate.

Filing a complaint will not affect your access to care or treatment.

AVAILABILITY

This Patient Bill of Rights and Responsibilities is available upon request and may be provided in alternative formats or languages as needed.

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