

YOUR PATIENT RIGHTS

Welcome to our Practice. We respect our patients' dignity and pride.

This document will explain your patient rights and responsibilities. It is part of your patient registration and is an important part of your health care plan.

Our commitment to you, our patient, includes the following rights. We comply with applicable Federal civil rights laws and affirm that we will deliver high-quality health care to every patient without regard to: *age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, health condition, marital status, veteran status, or any other basis prohibited by federal, state, or local law.*

Considerate and respectful care

- Fair, high-quality, safe and professional care
- Care regardless of color, race, religion, creed, etc.
- Consideration, respect, and recognition of you and your individuality
- Treatment privacy
- Safe environment
- Not be undressed any longer than needed for the exam, test, procedure, or other reason
- Private and discreet consultation, exam, and care. See Notice of Privacy Practices (NOPP) for the full list of privacy and security of health information/medical record rights
- To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with your treatment or diagnostic procedures

Health Status and Care

- Be informed of your health status in terms and / or language that you, your family, and caregivers can be expected to understand
- Take part and be active in your care and treatment plan
- Participate in decisions in your care, unless your healthcare providers or others believe it is harmful to you
- Know, be told, and understand:
 - the names, roles, and qualifications of your health care experts that provide your care
 - your follow-up care
 - risks, benefits, and side effects of all medicines and treatment procedures for your diagnoses
 - innovative or experimental medicines and treatment procedures of diagnosis offered
 - alternative treatment options offered
 - your procedure and to “give informed consent” before it begins
 - possible outcomes of your care and treatment

- the assessment and management of your pain
- When and if the practice recommends other health care institutions:
 - to participate in your care
 - to know who these other health care places are and what they will do
 - to refuse their care
- Get help from the healthcare provider and others for follow-up care, if available
- To change healthcare providers or get a second opinion, including specialists at your request and expense

Decision Making and Notification

- Choose a person to be your health care representative or decision-maker
- Exclude those you do not want help from or to join in your care or decisions
- Ask for, but not have the right to demand, services the practice does not think are needed or appropriate
- Refuse treatment
- Receive the information necessary to approve a treatment or procedure
- Give consent to a procedure or treatment

Access to Services

- Bring a service animal except where prohibited pursuant to practice policy
- Have access to our facility buildings and grounds in compliance with The Americans with Disabilities Act, a law that stops discrimination against people with disabilities.
- Prompt and reasonable response to questions and requests for service

Ethical Decision

- Know that if your healthcare provider decides your refusal to accept treatment prevents you from getting the right care (as stated by its ethical and professional standards).

Payment and Administrative

- Receive if you ask, with explanation, a reasonable estimate of your health care charges before treatment

Protective Service

- Receive available protective and advocacy services
- Receive, as offered by state law:
 - all legal and civil rights as a citizen
- Understand and expect emergency procedures without unneeded delay within practice scope
- Get needed information to approve a treatment or procedure

YOUR PATIENT RESPONSIBILITIES

You are an important and active member of your care plan. You have certain responsibilities to yourself and to your care team.

In the spirit of shared trust and respect, we ask you to:

- Give true and complete information about your:
 - Health status
 - Medical history
 - Hospitalizations
 - Medicines
 - Other matters about your health
 - Contact information, family members, caregivers and other needed information

- Let us know:
 - Any risks about your care
 - Changes in your care, illness, or injury
 - Safety concerns
 - Violation of your patient rights
 - If you understand your care plan and what we expect from you
 - If you don't understand your care plan or its information
 - If you have or need to ask questions

- Please:
 - Follow your care plan and instructions created by your healthcare provider, nurses, or other health care team members
 - Keep appointments, and if you cannot make your appointments, let us know at a minimum of 24 hours before your appointment
 - Be responsible for your actions if you refuse care or don't follow healthcare provider's orders
 - Pay your healthcare bills on the same day services are delivered with the exception of monthly or annual concierge membership fees
 - Follow practice procedures, rules, and regulations
 - Be thoughtful of the rights of other patients and our staff
 - Be respectful of yourself and our staff
 - Help staff to assess your pain, to assist you to discuss and get prompt relief, communicate your concerns about pain medicines and develop a pain management plan
 - Treat the healthcare provider and our health care staff with respect and consideration
 - Accept that bad language or behavior is not tolerated and may be grounds for dismissal
 - Accept we may end our relationship if you do not follow your healthcare provider's orders or care plan