

## **Patient Rights and Responsibilities**

### **Your have the right to:**

#### ■ Care Delivery

- Receive care without discrimination due to age, sex, race, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, disability, or gender identity.
- Receive safe, respectful and dignified care at all times.
- Receive efficient and quality care with high professional standards that are continually maintained and reviewed.
- Know the names of doctors, nurses and other staff caring for you.
- Receive proper assessment and management of pain, including the right to request or reject any or all options to relieve pain.
- Receive assistance to transfer your care to an alternative physician when the Center is not able to meet your request or need. You have the right to know why a transfer to other care providers might be required, as well as learning about other options for care.

#### ■ Communication

- Receive information in a way that you understand. Every effort will be made to communicate effectively regardless of any language barrier.

#### ■ Informed Decisions

- Receive information about your current health, care, outcomes, recovery, ongoing health care needs, and future health status in terms that you understand.
- Be informed about proposed care options including the risks and benefits, other care options, what could happen without care, and the outcome(s) of any medical care provided. You may need to sign your name before the start of any procedure and/or care.
- Be involved in all aspects of your care and to take part in decisions about your care.
- Make choices about your care based on your own personal values.
- Request care. This right does not mean you can demand care or services that are not medically needed.
- Refuse any care, therapy, drug, or procedure against the medical advice of a doctor and be informed of the consequence. There may be times that care must be provided based on the law.
- Expect the Center to get your permission before taking photos, recording, or filming you, if the purpose is for something other than patient identification, care, diagnosis, or therapy.

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- Decide to take part or not take part in research or clinical trials for your condition or donor programs. Your participation in such care is voluntary, and written permission must be obtained from you or your legal representative before you participate. A decision to not take part in research or clinical trials will not affect your right to receive care.
  
- **Privacy and Confidentiality**
  - Be interviewed, examined, and discuss your care in places designed to protect your privacy.
  - Be advised why certain people are present and to ask others to leave during sensitive talks or procedures.
  - Expect all communications and records related to care, including who is paying for your care, to be treated as private.
  - Receive written notice that explains how your personal health information will be used and shared with other health care professionals involved in your care.
  - Inspect and obtain copies of your medical records upon written request and payment of copy charges within the time frame required by federal and State rules and regulations.
  
- **Bill for Services**
  - You have the right to review, obtain, request, and receive an itemized bill for services provided at the Center. Prior to initiation of treatment you have the right to be informed of estimated charges.
  
- **Complaints, Concerns, and Questions**
  - Tell our staff about your concerns or complaints regarding your care. This will not affect your future care.
  - Expect a timely response to your complaint from the Center. Complaints may be made in writing, by phone, or in person. The Center will make every attempt to respond to these complaints in a manner that you can understand. To share your concerns, complaints or suggestions with the Center, please contact the Center's Office Manager.

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### **You have the responsibilities to:**

- **Provide Information**
  - Provide accurate and complete information about current health care problems, past illnesses, hospitalizations, medications, and other matters relating to your health.
  - Report any condition that puts you at risk, e.g. allergies
  - Report unexpected changes in your condition to our health care professionals.
  
- **Respect and Consideration**
  - Keep all scheduled appointments, arrive on time, and call the office as soon as possible if it is necessary to cancel or reschedule.
  - Recognize and respect the rights of other patients and staff. Threats, violence, or harassment of other patients and staff will not be tolerated.
  - Comply with the Center's no smoking policy.
  - Refrain from conducting any illegal activity on the Center's property. If such activity occurs, the Center will report it to the police.
  
- **Safety**
  - Promote your own safety by becoming an active, involved and informed member of our health care team.
  - Ask questions if you are concerned about your health or safety.
  - Make sure our doctor knows the site/side of the body that will be operated on before a procedure.
  - Remind staff to check your identification before medications are given; blood/blood products are administered, blood samples are taken, or before any procedure.
  - Remind staff to wash their hands before taking care of you.
  - Be informed about which medications you are taking and why you are taking them.
  - Ask all staff to identify themselves.
  - Inform the doctor if you do not understand or agree with any part of your treatment plan.
  - Provide a responsible adult to transport as required for various surgeries and other treatments.
  
- **Refusing Care**

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- You are responsible for your actions and all consequences if you refuse care or do not follow care instructions.
- Charges
  - You are responsible to provide all necessary insurance information, make prompt payment on all charges for which you are responsible, and take full responsibility for the financial obligations of all the health care services you receive.
- Cooperation
  - You should work with your health care professionals to develop a plan that you will be able to follow. You are expected to follow the agreed upon treatment care plan.

**If we have not been able to resolve your concern to your satisfaction, please ask to speak to our Office Manager.**