



## Patient Rights and Responsibilities

### As a patient, you have the right to:

- Be treated with consideration, respect, and courtesy.
- Receive care in a setting and environment committed to patient safety.
- Privacy and confidentiality.
- Coordination and continuity of your health care.
- Receive medically necessary treatment without discrimination.
- Accurate and easily-understood information about your health and treatment options so that you may be involved in decisions regarding your health care.
- Accept or refuse treatment and to be informed of the medical consequences of such action.
- Give written consent for certain treatments and procedures.
- Have a designated representative exercise these rights if you are unable or are a minor.
- Include advance directives in your medical record.
- Know the identity and professional status of individuals providing services and to know the physician who has primary responsibility for your care.
- Refuse to participate in experimental research.
- Be informed of fees or cost for services upon request as well as payment options.
- Receive an explanation of your billing statement.
- Participate in the selection of your primary care provider.
- Access your health care records according to the Notice of Privacy Practices.
- Request that a change be made to your medical record if you feel the information is not correct.
- Express your complaints or grievances through our complaint process.

### As a patient, you are responsible for:

- Providing accurate and complete information about your past illnesses, hospitalizations, medications, and other matters relating to your health.
- Participating in your health care planning by talking openly and honestly about your concerns with your health care providers.
- Understanding your health care problems and treatment to your own satisfaction and to ask questions if you do not understand.
- Following the treatment plan recommended by your health care providers.
- Informing the clinic staff or any of its professionals of the existence of any advance directive (living will, medical power of attorney, DNR, etc.) you may have created.
- Providing accurate information relating to insurance and other sources of payment.
- Paying your bill as promptly as possible.
- Cooperating and abiding by the rules, regulations, and policies of the clinic.
- Being respectful and considerate to other patients, visitors, and health care professionals.

I have read and understand my rights and responsibilities as a patient and I give consent for evaluation and treatment.

Patient Name (printed): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Name (printed): \_\_\_\_\_ Relationship: \_\_\_\_\_

Time Arrived: \_\_\_\_\_