



Notice of Patients' Rights and Responsibilities

Patient Rights

1. **Access to Care.** You will be provided with impartial access to treatment and services within this practice's capacity and availability in keeping with applicable laws and regulations. This is true regardless of race, creed, sex, national origin, religion, disability or handicap, or source of payment for care or services.
2. **Respect and dignity.** You have the right to considerate, respectful care and services at all times and under all circumstances. This includes recognition of the psychosocial, spiritual, and cultural variables that may influence the perception of your illness.
3. **Privacy and Confidentiality.** You have the right, within the law, to personal and informational privacy. This includes the right to:
 - Be interviewed and examined in surroundings to ensure reasonable privacy
 - Have a person of your own sex present during a physical examination or treatment
 - Not remain disrobed any longer than is required for accomplishing treatment or services
 - Expect that any discussion or consultation regarding care will be conducted discreetly
 - Expect all written documentation pertaining to care to be treated as confidential
4. **Personal Safety.** You have the right to expect reasonable safety regarding the practice's procedures and environment.
5. **Identity.** You have the right to know the identity and professional status of any person providing services and which physician is primarily responsible for your care.
6. **Information.** You have the right to obtain complete and current information concerning your diagnosis (to the extent known), your treatment, and any known prognosis. This information should be communicated in terms that you can understand.
7. **Communication.** If you do not speak or understand the predominant language of the community, you should have access to an interpreter. This is particularly true when language barriers are a continuing problem.
8. **Consent.** You have the right to information that enable you, in collaboration with the physician, to make treatment decisions.
 - Consent discussions will include an explanation of the condition, the risks and benefits of treatment, and the consequences of no treatment.
 - Except in the case of incapacity or life-threatening emergency, you will not be subjected to any procedure unless you provide voluntary, written consent.
9. **Consultation.** You have the right to accept or refuse medical care to the extent permitted by law. However, if refusing treatment prevents the practice from providing appropriate care in accordance with ethical and professional standards, your relationship with this practice may be terminated upon reasonable notice.

10. **Charges.** Regardless of the source of payment for care provided, you have the right to request and receive itemized and detailed explanations of any billed services.

Patient Responsibilities

1. **Keep Us Accurately Informed.** You have the responsibility to provide, to the best of your knowledge, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, substance use, and other matters relating to your health, including unexpected changes in your condition.
2. **Follow Your Treatment Plan.** You are responsible for following the treatment plan recommended by your physician. This may include following instructions of health care personnel as they carry out the coordinated plan of care, implement your physician's orders, and enforce the applicable practice rules and regulations.
3. **Keep Your Appointments.** You are responsible for keeping appointments and, when unable to do so for any reason, for notifying this practice in a timely manner.
4. **Take Responsibility for Non-Compliance.** You are responsible for your actions if you do not follow the physician's instructions. If you cannot follow through with the prescribed treatment plan, you are responsible for informing the physician.
5. **Be Responsible for Your Financial Obligations.** You are responsible for ensuring that the financial obligations of health care services are fulfilled as promptly as possible and for providing up-to-date insurance information.
6. **Be Considerate of Others.** You are responsible for being considerate of the rights of other patients and personnel and for assisting in the control of noise, smoking, and the number of visitors. You are also responsible for being respectful of practice property and property of other persons visiting the practice.
7. **Be Responsible for Lifestyle Choices.** Your health depends not just on the care provided at this facility but on the long-term decisions you make in daily life. You are responsible for recognizing the effects of these decisions on your health.

If there are any questions regarding the contents of this notice, please notify any staff member. You may request a copy of this notice at any time.