

# **PATIENTS RIGHTS AND RESPONSIBILITIES**

To comply with new federal regulations (HIPAA), this office has established procedures to make your identity and medical records more secure. Our only use of your personal information is for billing purposes and for proper medical treatment. We must have on record, a signed acknowledgment, that you have read your rights and responsibilities as patients and that you understand them. Please contact the office staff if you have any questions.

## **PATIENTS RIGHTS**

- 1 To receive service within a reasonable period of time
- 2 To receive medically necessary services.
- 3 To be treated with respect and courtesy.
- 4 To receive all available information about your care and treatment, including risks and options.
- 5 To have your medical coverage explained to you.
- 6 To have all medical and personal records treated as confidential.
- 7 To participate in treatment decisions.
- 8 To refuse treatment.
- 9 To receive impartial access to treatment.
- 10 To receive a second opinion regarding any treatment plan.
- 11 To review or to receive a copy of your medical record subject to legal restrictions and reasonable copying charges.
- 12 To request review of your medical record by the physician, and to request corrections if necessary.
- 13 To be given information on how to file a complaint/grievance.
- 14 To formulate an advance directive if you have a life threatening illness or injury.
- 15 To provide, or have provided for you, an interpreter in your primary language.

## **PATIENTS RESPONSIBILITIES**

- 1 Having appropriate identification, insurance membership cards, coverage stickers, etc, at the appointment.
- 2 Keeping appointments or contacting this office in advance to cancel an appointment.
- 3 Fulfilling financial obligations at the time of service such as deductible or co-pays.
- 4 Providing complete and accurate information.
- 5 Following the health plan you and the physician agree on.
- 6 Being considerate of others.
- 7 Providing legal documentation of guardianship of a minor being treated.
- 8 Providing a list of persons who may receive medical information about you, on your behalf, in an emergency.

*(Please sign and return this form to the front desk.)*

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Patients Name (Please Print)*