

PATIENT RIGHTS

As a patient, I have the right to:

- Full information about my rights and responsibilities as a patient in a physician's office.
- Receive in terms I can understand:
 - » An explanation of my medical condition.
 - » The benefits and risks of the treatments my doctor recommends.
 - » Alternatives to that treatment.
 - » An understanding of the consequences if I choose not to undergo recommended treatment.
- An explanation of all rules, regulations and services provided by the doctor's office, including the days and hours of service and how to reach a physician after regular office hours.
- Choose my own physician and be informed of the names, areas of responsibility and experience of the staff.
- Participate in developing my Plan Of Care including an Advance Directive.
- Participate, or refuse to participate, in any research study or aspect of care including investigational studies and freely withdraw previously given consent for further treatment.
- Full financial explanation and payment schedules prior to beginning any treatment.
- Receive expert, professional care without discrimination regardless of race, creed, color, religion, national origin, handicap, sexual preference, sex or age.
- Be treated with courtesy, dignity and respect of my personal privacy by all practice employees.
- Complain or file grievance with the Practice Administrator without fear of retaliation or discrimination.
- Confidential treatment of my condition, medical record and financial information.
- Obtain copies of my personal laboratory and medical records upon my request.

PATIENT RESPONSIBILITIES

As a patient, I have the responsibility to:

- Provide accurate and complete information related to my physical condition, hospitalizations, medications, allergies, medical history and related items.
- Participate and cooperate in my Plan Of Care, Advance Directive and Living Will.
- Provide new or changed information related to my health insurance to the practice business office and be prepared to meet my co-pay requirements during office visits.
- Communicate any change in my address or telephone number to the practice business office.
- Contact the office in advance when unable to keep a scheduled appointment.
- Request more detailed explanations for any aspect of service I do not understand.
- Inform my physician or nurse of any changes in my condition or any new problems or concerns.
- Inform my physician or nurse about prescription refill needs before my supply is gone.

I have read and understand the above information.

Printed Name: _____

Signature: _____ Date: _____