



PATIENT RIGHTS

You have the right to:

- Exercise these right without regard to gender or culture, economic, educational, or religious background or the source of payment for your care.
- Considerate and respectful care delivered in a safe environment.
- Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians involved in your care.
- Receive information about your illness; course of treatment, and prospects for recovery in terms, and in a language, that you can understand.
- Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, the information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or no-treatment and the risks involved in each, and the know the name of the person who will carry out the procedure or treatment.
- Participate actively in decisions regarding your medical care. To the extent permitted by law, this includes the right to refuse treatment.
- Full consideration of privacy concerning your medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely.
- Confidential treatment of all communications and records pertaining to your care and, except as required by law, the right to approve or refuse the release of your medical records.
- Responses to any reasonable requests you may make for service.
- Leave the facility even against the advice of your physician.
- Continuity of care and to know in advance the time and location of your appointment as well as the physician providing the care.
- Be advised if your physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
- Examine and receive an explanation of your bill regardless of source of payment.

- Receive information about the Clinic, its services, and its providers, and about patient rights and responsibilities, as well as about the Clinic's compliance programs with respect to state law and federal regulations.
- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding your medical care.
- Be provided with information for accessing care during office hours, after hours, and emergency care.
- Have an advance directive, such as a living will or durable power of attorney for healthcare and be informed as to the Clinic's policy regarding advance directives/living will.
- Receive assistance when requesting a change in primary or specialty physicians.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information with a reasonable time frame.
- Receive information about unanticipated outcomes of care.

PATIENT RESPONSIBILITIES

You have the responsibility to:

- Make it known whether you clearly comprehend the course of your medical treatment and what is expected of you.
- Supply information that the Clinic and its providers need in order to provide you with optimum care.
- Follow the treatment plan established by your physician, including the instructions of nurses and other health professionals as they carry out the physicians order.
- Assure that the financial obligations of your care are fulfilled as promptly as possible.
- Follow Clinic policies and procedures.
- Be considerate of the rights of other patients and Clinic personnel.
- Provide a responsible adult to transport your home from the Clinic and remain with you for 24 hours if required by your provider.
- Inform your providers about any living will, medical power of attorney, or other advance directive that could affect your care.