



PATIENT RIGHTS & RESPONSIBILITIES

YOU HAVE A RIGHT TO:

1. Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care.
2. Be fully informed and have complete information, to the extent known by the medical provider, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
3. Exercise his or her rights without being subjected to discrimination or reprisal.
4. Voice grievances regarding treatment or care that is (or fails to be) furnished.
5. Personal privacy.
6. Receive care in a safe setting, including the presence of same sex chaperone when requested.
7. Be free from all forms of abuse or harassment.
8. Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
9. Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services.
10. Be fully informed of the scope of services available at the facility, provisions for after-hours care and related fees for services rendered.
11. Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
12. Make informed decisions regarding his or her care.
13. Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions including refusal of treatment or not following the instructions of the physician or facility.
14. Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third-party payment contract.
15. Request copies of his or her medical records.
16. Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.
17. Expect the practice to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English.
18. Have an initial and regular assessment of pain.

19. The education of patients and families, when appropriate, regarding their roles in managing pain.
20. Have the rights of the patient exercised by a person appointed under State law to act on his or her behalf when the patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction.
21. Have any legal representative designated by the patient to act on his or her behalf under applicable State laws.

YOU HAVE AN OBLIGATION TO:

1. Provide care givers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, over-the-counter products and dietary supplements, allergies, sensitivities, unexpected changes in the patient's condition, or any other patient health matters.
2. Follow and participate in the treatment plan prescribed by the provider seen.
3. Read, understand, and honor the Opioid Agreement, if opioid therapy is prescribed.
4. Act and speak respectfully to other patients and practice personnel.
5. Respect the property and security of others and the facility.
6. Promptly fulfill his or her financial obligations to the facility.
7. Honor the discharge and access to further treatment from the practice if these obligations are not met.

PATIENT ACKNOWLEDGEMENT

I, the undersigned, have read and understand the contents of this Patient Rights and Responsibilities document:

Patient or Representative Signature

Printed Patient or Representative Name

Date