

North Texas Family Health

Patient's Rights and Responsibilities

Thursday, 15 August, 2019

North Texas Family Health is dedicated, to providing you with the best in health care. Along with healthcare and wellness, we want to provide you with a positive patient experience. We respect your rights as a patient and want you to understand your responsibility as a partner in your care.

Consent to Treatment (initial in the space provided)

_____ I voluntarily authorize the rendering of such care, including diagnostic procedures and medical treatment, by authorized agents and employees of North Texas Family Health, its medical staff and their designees, as may in their professional judgment be deemed necessary or beneficial.

_____ I acknowledge that no guarantees have been made as to the effect of such examination or treatment on my condition or the condition of the person for whom I am duly authorized to sign.

_____ I understand that I have the right to make decisions concerning my health care or the health care of the person for whom I am duly authorized to make such decisions, including the right to refuse medical and surgical procedures.

This consent to treatment may be revoked in writing at any time by the patient or duly authorized agent.

Patients' Rights

North Texas Family Health is committed to providing you with respectful care as we meet your health and wellness needs. For this reason, we want you to have a summary of your rights as a patient.

- You have a right to Considerate and Respectful care
- You have a right to Participate in the Development and Implementation of you plan of care
- You will not be denied access to care due to Race, Creed, Color, National Origin, Gender, Age, Sexual Orientation, Disability, or Source of Payment
- You have the right to information about your diagnosis, condition and treatment, in terms that you can understand
- You have the right to refuse treatment to the extent permitted by law and to be informed of the possible consequences of the refusal
- You may consent or refuse to participate in experimental treatment or research
- You are entitled to be free from all forms of abuse or harassment
- You have the right to make, or have a representative of your choice make, informed decisions about your care
- You are entitled to information about rules and regulations affecting your care or conduct
- You have the right to know the names and professional titles of your providers and caregivers
- You can request a second opinion if you choose
- You have the right to personal privacy and to receive care in a safe environment
- You have the right to a prompt and reasonable response to any request for services within the capacity of North Texas Family Health
- You have the right to express concerns or grievances regarding your care to the office

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- The confidentiality of your clinical and personal records will be maintained
- You have the right to see your medical record within the limits of the law
- You have the right to an explanation of all items on your bill

Patients' Responsibilities

This is a summary of your responsibilities as a patient at North Texas Family Health

- It is your responsibility to provide accurate and complete information about all matters pertaining to your health, including medications and past or present medical conditions
- You are responsible for following the instructions and advice of your health care team. If you refuse treatment or are non-compliant with instructions or advice, you must accept the consequences of your actions
- It is your responsibility to notify a member of your health care team if you do not understand the information about your care and treatment
- You are responsible for reporting changes in you condition or symptoms, to a member of your health care team
- It is your responsibility to act in a considerate and cooperative manner and to respect the rights and property of others
- You are responsible for following the rules and regulations of North Texas Family Health
- You are expected to keep your scheduled appointments or to cancel them no later than 24 hours prior to the scheduled appointment
- It is your responsibility to pay your bills or arrange with a billing specialist to meet your financial obligations

Questions or Concerns

You and your family should feel you can always voice your concerns. If you share a concern or complaint, your care will not be affected in any way. The first step is to discuss your concerns with your provider, nurse, or other caregiver. If you have concerns that are not resolved, please contact the office manager of North Texas Family Health (903) 712-3627 or rtempleman@notexfh.com

Certification

I certify that I have read and understood the authorization to treatment given above, as well as the patients' rights and responsibilities specified in this agreement, and I accept its terms.

Printed Name: _____

Date: _____

Signature of Patient (parent or guardian): _____