

# *PATIENT RIGHTS AND RESPONSIBILITIES*

## *RIGHTS*

As a patient, I have the *RIGHT* to:

1. Full information about my rights and responsibilities as a patient in an Ambulatory Center;
2. Receive an explanation of my diagnosis, benefits of treatment, alternatives, recuperation, risks, and an explanation of consequences if treatment is not pursued;
3. An explanation of all rules, regulations, and services provided by the center, the days and hours of service, and a provision for possible emergency care, including telephone numbers;
4. Choose the type of medical plan which is best suited to my particular situation and work with the physician members within my healthcare plan;
5. Participate in the development of a plan of care including Advance Directives and have my own copies;
6. Refuse participation in any protocol or aspect of care including investigational studies, and freely withdraw my previously given consent for further treatment;
7. Disclose of any teaching programs, research or experimental programs in which the facility is participating;
8. Full financial explanation and payment schedule prior to the beginning of treatment;
9. Receive expert, professional care without discrimination, regardless of race, creed, color, religion, national origin, sexual preference, handicap, sex or age;
10. Be treated with courtesy, dignity, and respect of my personal privacy by all employees of the Center;
11. Be free of physical/mental abuse and/or neglect by all employees of the Ambulatory Center;
12. Complain or file grievance with the Center Patient Representative without fear of retaliation or discrimination;
13. Confidential treatment of my condition, medical record, and financial information.

14. Access to my personal records and obtain copies of them upon request; and,
15. Assistance and consideration in the management of pain.

## *RESPONSIBILITIES*

As a patient I have the *RESPONSIBILITY* to:

1. Disclose accurate and complete information related to physical condition, hospitalization, medications, allergies, medical history, and related items;
  2. Participate in developing a Plan of Care, Advance Directives, and Living Will;
  3. Assist in maintaining a safe, peaceful, and efficient ambulatory environment;
  4. Provide new/changed information related to my health insurance to the business office, as well as a referral, and be prepared to meet my agreed co-payment during my office visit;
  5. Contact the Center when unable to keep a scheduled appointment;
  6. Cooperate in the planned care and treatment developed for me;
  7. Request more detailed explanations for any aspect of service I don't understand.
  8. Inform my physicians and nurses of any changes in my condition or any new problems or concerns;
  9. Communicate any temporary or permanent change in my address or telephone number which might hinder contact by the Ambulatory Center staff; and,
  10. Relate my levels of discomfort and/or pain and perceived changes in my pain management to my physician.
-