

# Rights and Responsibilities of Patients

**TO OUR PATIENTS** – *We believe that a patient who understands and participates in his or her health care will benefit to a greater extent than one who does not.*

*The statement that follows is a formal expression of our commitment to you and also your responsibilities as a patient. Please do not hesitate to discuss any concerns regarding your health care or treatment. If you feel your needs are not adequately addressed, please contact our clinic administrator at 221-1501 and explain your concerns.*

**THE PATIENT AND THE PHYSICIAN** – We recognize that a good relationship between the patient and physician is a key element in good patient care. We will attempt to develop such a relationship and ask that you make every effort to do the same. We encourage you to communicate with us, because your concerns are important to us.

**EQUAL TREATMENT** – Our patients can expect the same consideration, respect and treatment regardless of age, race, creed, sex, sexual orientation, national origin, religion, handicap, or source of payment for care.

**MEDICAL RECORDS** – The information that you share with us is confidential. Your clinic record will not be shown to anyone not associated with our medical practice, without your permission unless ordered by a court of law, or, as special legislation requires. If anyone else wants information from your clinic record, your permission, in writing is necessary before it will be released.

**TRANSFER AND CONTINUITY OF CARE** – You have the right to expect that our clinic will provide necessary health services to the best of our ability. Treatment, referral or transfer may be recommended. If we recommend transfer of your care, you will be informed of the risks, benefits and alternatives. You will not be transferred until the other physician or institution agrees to accept you into their care.

**INFORMATION** – We are responsible for the coordination of your care and current information concerning your health status. We will make every effort to communicate information concerning your health status and care in terms that you can understand. If necessary, a translator will be provided in order to serve you better. Your reports of pain will be addressed. Information about pain, relief measures and prevention/management will be available to you. Your wishes regarding the disclosure of domestic violence will be respected.

**CLINIC BILLING** – You are entitled to examine and receive a detailed explanation of your clinic bill regardless of your source of payment. You will also be made aware of the policies concerning the inability to pay your bill and how it relates to future services.

**YOUR RESPONSIBILITIES AS A PATIENT** – Just as we have made a commitment to you as a patient, you have a responsibility to us as your physicians. We ask that you are direct and honest, especially if your pain is not relieved or you have worries about taking pain medication. If you do not understand your illness or treatment, please ask. It is your responsibility to follow our recommendations relating to your medical care.

You are also responsible for being considerate of other patients, clinic staff and property. As our patient you are also responsible for providing our staff with adequate and timely information concerning your source of payment and your ability to meet your financial obligations.