



PATIENT RIGHTS AND RESPONSIBILITIES

To comply with new federal regulations (HIPAA), this office has established procedures to make your identity and medical records secure. Our only use of your personal information is for billing purposes and for proper medical treatment. We must have on record, a signed acknowledgement that you have read your rights and responsibilities as patients and that you understand them. Please contact the office staff if you have any questions.

PATIENT RIGHTS



PATIENT RESPONSIBILITIES

- To receive service within a reasonable period of time.
- To receive medically necessary services.
- To be treated with respect and courtesy.
- To receive all available information about your care and treatment, including risks and options.
- To have all medical and personal records treated as confidential.
- To participate in treatment decisions
- To refuse treatment.
- To receive impartial access to treatment.
- To receive a second opinion regarding any treatment plan.
- To review or to receive a copy of your medical records subject to legal restrictions and reasonable copying charges.
- To request review of your medical records by the physician, and to request corrections if necessary.
- To be given information on how to file a complaint/grievance.

- Having appropriate identification, insurance membership cards, coverage stickers, etc., at the time of the appointment.
- Keeping appointments or contacting this office in advance to cancel an appointment.
- Fulfilling financial obligations at the time of service such as deductible or Co-pay fees.
- Providing complete and accurate information.
- Following the health plan you and the physician agree on.
- Being considerate of others.
- Providing legal documentation of guardianship of a minor being treated.
- Providing a list of persons who may receive medical information about you, on your behalf, in an emergency.
- If it becomes necessary to contact you by phone, do we have your permission to leave messages regarding lab results and/or appointments on your answering device, or with another person who answers the phone? YES NO
- What is the best time of day to reach you? _____
- Where do you prefer to receive calls?
 Home Work Cell Pager

Please sign and return this form to the front desk

Patient's Name

Date