

PATIENTS RIGHTS AND RESPONSIBILITIES

You have the right to:

- Receive medical care without regard to race, color, national origin, religion, sex, sexual orientation, age, marital status, or disability.
- Receive considerate, safe and respectful care individualized to support and meet your needs.
- Have a safe setting free of abuse and/or harassment.
- Every consideration of your privacy concerning your medical care.
- Expect that all communications and records concerning your care are confidential.

The rights under the Health Insurance Portability and Accountability Act (HIPAA): (1) To receive a copy of our privacy practices at the time of your registration; (2) To request that no information contained in the patient directory be disclosed; (3) To request that we communicate your confidential health information according to our privacy practices; (4) To find out how your confidential health information may be used and what disclosures have been made as required by state and federal regulations; (5) To have access to your medical records for review and to obtain a copy in accordance with our policy; (6) To request certain restrictions to the use of disclosure of your health information unless it interferes with patient care treatment; (7) to request an amendment or correction to your confidential health information, if you believe the information is incomplete or incorrect; (8) To file a complaint with the Secretary of the Department of Health and Human Services, if you believe your privacy rights have been violated.

Decision Making and Consent

Information about planned procedures and/or treatment so that you may give informed consent prior to starting procedures and/or treatment, except in emergencies. A reasonable response to your requests and needs for treatment and information within our capacity, mission and applicable laws.

Participation in Care

Receive complete information that you can understand about your condition, test, procedures, treatments, prognosis, and self-care education, in order to make decisions about your care. You have the right to a clear explanation of the results and outcomes of any treatment or procedure, including unanticipated outcomes. Know the names and professional status of the staff providing care for you. Refuse consent for treatment to the extent permitted by law. You also have the right to be fully informed of the effects of refusing treatment and the potential medical consequences of your actions.

Financial Services

Look at and receive an explanation of your bill regardless of the source of payment.

Exercising Your Rights

Bring forward your concerns or complaints. You will still receive care regardless of whether you have brought forth a complaint.

You are responsible for:

- Providing correct and complete health history information, including actual or perceived risks to care.
- Telling the doctor or staff if you do not understand any part of your care.
- Helping with your care as you have agreed to in the plan of care.
- Following the treatment plan and instructions by Dr. Mann or any of her staff.
- Payment for care provided.
- Following rules and regulations concerning your care and behavior.
- Respecting the rights of other patients, families, staff and clinic property by not smoking, making unnecessary noise, causing distractions, using profanity, or other intrusive and disrespectful behavior.



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