

# PATIENT RIGHTS & RESPONSIBILITIES

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## **Patient Rights**

### **Access to Respectful Care**

- You have the right to receive necessary care.
- You have the right to receive considerate and respectful care.
- You have the right to privacy.
- You have the right to receive information about rules affecting your care or conduct.
- You have the right to proper assessment and management of pain.
- You have the right to be free from mental or physical abuse or harassment.

#### **Involvement in Care Decisions**

- You have the right to information about your condition, treatment and prognosis, including unanticipated outcomes of care.
- You have the right to know the names and professional titles of each person involved in your care.
- You have the right to education about safe use of medications.
- You have the right to be involved in the planning, completion and review of your plan
  of care.
- You may refuse treatment to the extent permitted by law. It is our responsibility to discuss with you the possible results of your refusal.
- You have the right to participate in health care decisions.
- Your right to make decisions about health care does not mean that you can demand treatment and services that are medically inappropriate or unnecessary.

#### **Access to Your Medical Record**

- You have the right to see your medical record at a time suitable for both you and our staff. You may request and obtain a copy of your record for a reasonable fee.
- You have the right to request the disclosures we made of medical information about you.

## **Confidentiality of Care**

- Your medical records will be treated as confidential by our staff. No one outside Pain Recovery Solutions, except your referring physician, may be given a copy of your record without your written permission. Exceptions are as required by law or in connection with transfer of your care to another health care professional, or to facilitate third party payment.
- You have the right to have a family member and your own physician notified that you are under our care.



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### **Concerns About Care, Billing**

- You have the right to have health care information provided in a manner and form that you can understand.
- You have the right to understand our financial policies and to details about all items on vour bill.
- You are responsible for understanding your own insurance coverage. We will notify you if we learn your insurance will not cover some or all of your care.
- You have the right to express any concerns you may have regarding your care.
- You have the right to file a formal written or verbal grievance with our Executive Committee if we cannot promptly resolve your care issues.
- You also have the right to lodge a grievance with an appropriate governmental entity.

## Patient Responsibilities

- You are responsible for following the rules involving patient care and conduct.
- You are responsible for providing a complete and accurate medical history which includes an accurate list of all prescribed, over-the-counter or any other medications or drugs that you are taking.
- You are responsible for informing us about any other medical treatments you may be receiving.
- You are responsible for following the suggestions and advice prescribed in a course of treatment by your health care providers, and for providing us accurate information about the progress of your recovery.
- If your refusal of treatment, or your refusal to appear for an appointment when scheduled, prevents us from providing care according to ethical and professional standards, we may need to end our relationship with you after giving you reasonable
- You are responsible for being considerate of the rights of other PRS patients and staff.
- You are responsible for making it known whether you clearly understand your plan of care and the things you are asked to do.
- You are responsible for making appointments and arriving on time. You must call us in advance when you cannot keep a scheduled appointment and otherwise cooperate with operational practices of our office.
- You are responsible for providing us with correct information about your sources of payments and ability to pay your bill; and for making payments as agreed for care we provide to you.
- You are responsible for complying with our clinical, administrative or financial procedures, and understand that if you cannot comply, it may be impossible for us to continue to provide your medical care.