

As a patient of this office you have the right to:

1. Be treated with dignity, courtesy and respect.
2. Have your property treated with respect.
3. Know the name and title of the personnel who are providing your services.
4. Be informed prior to delivery of services/procedures and before changes of the care you will receive.
5. Accept or reject any and all such ordered services and/or procedures.
6. Refuse all or part of the services/procedures/care from this office, to be told the consequences of that decision and to initiate a "living will", durable power of attorney, requests regarding life sustaining equipment and other directives about your care consistent with state law and regulations.
7. Make decisions about your care and treatment.
8. Choose your health care providers.
9. Be given appropriate, competent, individualized quality services and care from this office without discrimination of any kind.
10. Be given complete and current information regarding your diagnosis, treatment plans and risks in language you can reasonably understand.
11. Be given privacy and confidentiality
12. Expect reasonable continuity of care, timely delivery of services/procedures, and to have your preferences considered in planning and delivery of care.
13. Receive prior notice and to make an informed decision before participating in experimental treatment or research.
14. Expect confidentiality of all clinical records and access to your records on request. Information will not be released to anyone other than your physician without your consent or unless required by law.
15. Receive information regarding community resources and to be informed regarding any financial relationships between the agency and other providers to which you are referred by the agency.
16. Expect the agency to coordinate care through regular communication with your physician, care givers, and other providers.
17. Receive timely notice of discontinuation of services/procedures.
18. Notification verbally and in writing regarding your financial liability for office services/procedures/supplies including the extent of payment anticipated from all payer sources, charges for services not covered by Medicare/insurance and charges which will be made to you for services.
19. Have family or guardian exercise these rights on your behalf if you are unable to do so yourself.
20. Voice grievances recommend policy/service changes and make complaints without fear of reprisal or unreasonable interruption of care/services.
21. Participate in considerations of ethical issues that arise in your care.

Complaints, recommendations, or grievances should be reported to our office manager.