

# PATIENTS' RIGHTS AND RESPONSIBILITIES

## YOU HAVE THE RIGHT:

- To be treated with respect, consideration and dignity at all times.
- To receive assistance in a responsible manner.
- To receive information about your health including associated risks that may be involved in your procedures and medical alternatives including associated risk that may be involved in your healthcare.
- To know the identity and professional status of individuals providing services to you.
- To expect that medical records and communications will be treated in a confidential manner.
- To refuse treatment and may be advised of the alternatives and likely consequences of your decision.
- To express a complaint to the practice manager, physician, or staff.

## YOU HAVE THE RESPONSIBILITY:

- To review and understand your health insurance coverage and benefits.
- To learn and understand the proper use of your insurance plan services and procedures for obtaining coverage. This includes knowing the referral process for your plan, laboratory restrictions, and outpatient facilities covered by your plan as well as co-pay requirements.
- To always carry your insurance plan identification card and be prepared to show it at each office visit. Patients will be required to pay for all services at the time of service if the patient does not provide all insurance information or if the insurance information is inaccurate.
- To treat all office personnel respectfully and courteously.
- To keep scheduled appointments and to notify the office promptly if you will be delayed or unable to keep an appointment. (Charges will apply for missed appointments or short notice cancellations).
- To pay all charges for co-pays, deductibles, non-covered services at the time of your visit.
- To ask questions and seek clarification until you fully understand the care you are receiving.
- To follow the advice of the medical provider and consider the alternatives and/or likely consequences if you refuse to comply.
- To provide honest and complete information to those providing medical care.
- To express your opinions, concerns, or complaints in a constructive and appropriate manner.
- To understand that there may be times that the physician may require you to return to the office for additional treatment/ test to aid in the diagnosis of your exam.
- To understand that late arrival for an appointment may result in the need to reschedule that appointment. Every effort will be made to accommodate the patient's needs without compromising the interest of our other patients.

I have read and understand the office policy as stated above and accept responsibility as described. I give my consent to obtain treatment from NFIMG and their staff.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_