PATIENT RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT.....

- $\sqrt{}$ to considerate and respectful health care
- √ to know the names and professional status of the people serving you
- √ to privacy/confidentiality concerning your own health care program and medical records
- √ to receive accurate information about your health related concerns
- $\sqrt{}$ to participate in choosing a form of treatment
- $\sqrt{}$ to consent to or refuse any care or treatment
- $\sqrt{}$ to a quick response to reports of pain
- $\sqrt{}$ to select and/or change your health care provider and to expect reasonable continuity of care
- √ to review your medical records with a clinician
- $\sqrt{}$ to receive information about services and related costs
- $\sqrt{}$ to examine and receive an explanation of all charges
- √ to receive full information and counseling on the availability of known financial resources for your health care
- √ to have access to an interpreter when possible if you are a non English-speaking patient
- $\sqrt{}$ to a timely resolution of any question, complaint, or problem regarding TLC services or procedures
- $\sqrt{}$ to inspect and copy your personal health information upon written request
- $\sqrt{}$ to amend your health record, in writing, with a reason to support request
- $\sqrt{}$ to receive an accounting of disclosures upon written request
- $\sqrt{}$ to request restrictions on use and disclosure of your information except disclosures we are legally required to make
- √ to receive confidential communications in a certain way. i.e.: mail; at work only, etc.
- $\sqrt{}$ to paper copy of Notice of Privacy Policy at any time.
- to electronic copies of health information and to restrict disclosure to a health plan concerning treatment for which individual paid out of pocket.
- √ to receive notifications of unsecured Patient Health Information

YOU HAVE THE RESPONSIBILITY......

- $\sqrt{}$ to seek medical attention promptly
- $\sqrt{}$ to be honest about your medical history
- $\sqrt{}$ to ask about anything you do not understand
- $\sqrt{}$ to follow health advice and instructions
- $\sqrt{}$ to report any significant changes in symptoms or failure to improve
- $\sqrt{}$ to work with your provider and nurse on management of pain
- $\sqrt{}$ to respect clinic policies
- √ to keep appointments or cancel in advance
- √ to see non-emergency care during regular business hours
- √ to provide useful feedback about services
- $\sqrt{}$ to make prompt payments on your account and be knowledgeable about your insurance coverage