

## **PARKRIDGE MEDICAL GROUP**

As a patient, you have certain rights, and understanding your rights will help you get the best possible care. The following is a list of your rights and responsibilities. We will make every effort to ensure these rights.

### **Patient Rights:**

1. To be treated with respect and dignity.
2. To be informed of your care needs in order to make appropriate decisions.
3. To establish a surrogate decision maker as permitted by law.
4. To expect a reasonably safe environment.
5. To help plan your care and make changes to it.
6. To expect that teaching materials and aids will be written or presented in a manner that you can understand.
7. To be informed of the office billing process.
8. To have access to your medical records.
9. To have your records kept confidential beyond the practice except when express consent has been given.
10. To expect that services be provided in a timely manner, including prompt attention to acute problems.
11. To have visual and informational privacy.
12. To know the professional status of your care giver.
13. To have another agency contacted if needed services are not available through the practice.
14. To refuse services.
15. To communicate your complaints to the practice manager and expect to receive a follow-up without negative repercussions or changes in services.
16. To receive care without discrimination because of race, religion, age, sex, disability or ethnic origin.
17. To expect the Practice personnel to be qualified and competent in all respects to perform the services that are provided.
18. To be assured that acceptance, as a patient, will not be based on whether or not an advance directive has been given.

### **Patient Responsibilities:**

Patients and visitors have responsibilities, and we ask you make every effort to:

1. To arrive on time for scheduled appointments and cancel, when necessary, with a telephone call appointments that may not be kept.
2. To participate in planning your care.
3. To provide timely payment for any services requested and delivered by the Practice which is not covered by insurance.
4. To be under the supervision of a practice physician.
5. To notify the Practice staff of any changes in your health status.
6. To inform the Practice, at the time of an appointment is made, of any physical or mental impairment requiring special accommodation.
7. Know what medications you are taking, why you are taking them and the proper way to take them. We ask that you bring your medications with your each visit to ensure that we are able to properly monitor them.
8. To follow the recommended treatment plan.
9. To accept responsibility if treatment is refused.
10. To ask questions if directions and procedures are not understood.
11. Pay bill promptly and contact us if you have questions or financial problems.

I understand my rights and responsibilities as indicated by my signature below.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date