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**Patient Rights and Responsibilities**

This practice is committed to providing quality health care. It is our pledge to provide this care with respect and dignity. In keeping with this pledge and commitment, we present the following Patient Rights and Responsibilities:

*You have the right to:*

* A personal clinician who will see you on an on-going, regular basis.
* Competent, considerate and respectful health care, regardless of race, creed, age, sex or sexual orientation.
* A second medical opinion from the clinician of your choice, at your expense.
* A complete, easily understandable explanation of your condition, treatment, and alternative options.
* The personal review of your own medical records in accordance with applicable State and Federal guidelines.
* Confidential management of communication and records pertaining to your medical care.
* Information about the medical consequences of exercising your right to refuse treatment.
* The information necessary to make an informed decision about any treatment or procedure, except as limited in an emergency situation.
* Be free from mental, physical, and sexual abuse.
* Humane treatment in the least restrictive manner appropriate for treatment needs.
* An individualized treatment plan.
* Have your pain and other symptoms evaluated and managed.
* Refuse to participate as a subject in research.
* An explanation of your medical bill regardless of your insurance and the opportunity to personally examine your bill.
* The expectation that we will take reasonable steps to overcome cultural or other communication barriers that may exist between you and the staff.
* The opportunity to file a complaint should a dispute arise regarding care, treatment or service, or to select a different clinician.

*You are responsible for:*

* Giving the clinician correct and complete health history information, e.g. allergies, past and present illnesses, medication and hospitalizations.
* Providing staff with correct and complete name, address, telephone, and emergency contact information.
* Providing staff with current and complete insurance information, including any secondary insurance.
* Signing a “Release of Information” when asked so your clinician can get medical records from other clinicians involved in your care.
* Telling your clinician about any changes in your condition or reactions to medications or treatment.
* Asking your clinician questions when you do not understand your illness, treatment plan, or medication instructions.
* Following your clinician’s advice. If you refuse treatment or refuse to follow instructions given by your health care clinician, you are responsible for any medical consequences.
* Paying co-payments or other bills upon receipt.
* Completing/signing a verbal consent form when requested for certain medications. The type of medication, risks, and alternatives will be discussed at that time.
* Completing, and keeping current, a POLST form so that we can fulfill your wishes. Also, clearly communicating your goals of care (focus on comfort only, full spectrum/aggressive disease management, etc.) with the care team and clinician.