

## PATIENT RIGHTS & RESPONSIBILITIES

We, the healthcare professionals of Sharp Rees-Stealy Medical Group, acknowledge that you entrust us with your health care and value your participation as a partner. This partnership is built on mutual trust and confidence. Therefore, we have adopted the following Patient Rights and Responsibilities:

### **As our patient, you have the right:**

1. To receive information about the medical group, its services, practitioners and providers and your patient rights and exercise these rights without regard to race, ethnicity, national origin, religion, sex, age, mental or physical disability, marital status, sexual orientation, genetic information, gender identity and expression, registered domestic partner status or source of payment. To make recommendations regarding the patient rights and responsibility statement.
2. To candid discussion of appropriate/medically necessary treatment options for your condition, regardless of cost or benefit coverage.
3. To receive care that respects your privacy and dignity as a person and which includes receiving information from your physician/provider(s) about your illness, course of treatment and your prospects for recovery, in terms that you can understand.
4. To be informed by your physician/provider of any proposed treatment/procedure you need in order to give informed consent or to refuse the course of treatment; to be informed of the risks associated with refusal of treatment, and be advised of alternative treatment plans. Except in an emergency, this information shall include: a description of the procedure or treatment; the medically significant risks involved; alternate course of treatment and the risks involved; and the name of the physician/provider who will carry out the treatment.
5. To receive full consideration of privacy concerning your care, including confidential and discreetly conducted case discussion, consultation, examination and treatment; and confidential treatment of all communication and records pertaining to your care. Your written permission shall be obtained before your medical records can be made available to anyone not directly concerned with your care, except when otherwise required by law.
6. To obtain a response to any reasonable request you may make for service; to receive reasonable continuity of care and to be informed in advance of the time and location of appointments and the physician/provider(s) giving care.
7. To be advised if your physician(s) propose to engage in or perform human experimentation affecting your care or treatment and your right to refuse participation in such research projects.
8. To be informed by your physician / provider(s), or their delegate, of your continuing health care requirements

### **As a partner in your health care, you have the responsibility:**

1. To make payment for services and any applicable co-pays, coinsurance and deductible at the time of service. We, as your health care providers, are responsible for collection of such payments. If you need assistance in making payment arrangements, please contact a Customer Service Representative.
2. To be ready to accept personal financial responsibility for those charges not covered by your insurance.
3. Arrive on time for scheduled appointments. If you need to cancel your appointment, please notify the physician/provider's office at least 24 hours in advance (48 hours for procedures) to avoid a missed appointment fee. We will make every effort to reschedule your appointment to a more convenient time.
4. To provide to your physician/provider complete and accurate information to the best of your ability about your health, symptoms and problems, any medications, including over-the-counter products, dietary supplements and any allergies or sensitivities. This will assist the physician/provider in making the proper diagnosis for your care.
5. To communicate to your physician/provider(s) the need for further explanation if the diagnosis, treatment or instructions are not fully understood by you; to be willing and open to ask or be asked questions which allow your physician/provider(s) to better meet your needs. Your complete understanding of the care you receive is important to us, and we will provide further explanation at your request.
6. To follow the instructions and guidelines of your physician/provider(s).
7. To inform your provider of any living will, medical power of attorney, or other directive that could affect his/her care.
8. To request a change in your physician/provider(s) should you wish to make a change for any reason, so that the continuation of your care is ensured; to understand and be knowledgeable of the covered benefits and services of your health plan or insurance, and how to correctly obtain those benefits.
9. To cooperate, in partnership with your physician / provider(s), in establishing a continuous and satisfactory relationship; to communicate your opinions, concerns or complaints in a constructive manner to the appropriate persons.

- following a clinic visit or discharge from the hospital; to receive information on our billing and payment policies and other necessary information pertinent to your care.
9. To have all patient rights apply to the person(s) who may have legal responsibility to make decisions regarding medical care on your behalf.
  10. Patient or their authorized representative may appeal any adverse decision and/or grievance.
  11. Complaints can be made:
    - to the Sharp Rees-Stealy Patient Liaison for the location where your care is provided
    - by contacting the patient's health plan, or by contacting the Medical Board of California (800) 633-2322
    - by contacting the Physician Assistants Committee (916) 561-8780 or by contacting the Accreditation Association for Ambulatory Health Care at (847) 853-6060
    - for Nurse Practitioners, to the Department of Consumer Affairs online at [www.breeze.ca.gov](http://www.breeze.ca.gov)
  10. We are here to serve you. Your physician is ready to address your needs and answer any questions you may have about your care. By working together, we can continue to provide you with quality health care that exceeds your expectations.
  11. To behave respectfully toward all health care professionals and staff, as well as other patients and visitors. To refrain from behaviors that could be disruptive or that may pose a threat to the safety of others. For this reason, you are prohibited from wearing, transporting or storing firearms or other dangerous weapons in our facilities. Exemptions are made for law enforcement, security officers and military personnel engaged in official duties. A license to carry a concealed weapon does not supersede Sharp Rees-Stealy policy.