

## Patient Rights and Responsibilities

### **Patient Rights:**

- *Respect and Dignity:* You have the right to be treated with consideration, respect and dignity, acknowledging your individuality and the values that affect your response to care.
- *Privacy:* You have the right to expect that all of those involved in your care will honor your right to privacy and ensure the privacy of your care and medical record.
- *Identity:* You have the right to know the names, positions and professional relationships of all individuals involved in your care.
- *Information:* You have the right to expect to receive sufficient information, in terms you understand, regarding your diagnosis, treatment prognosis, and followup care (*In the event that your health makes it inadvisable to give you such information, the information will be provided to a person designated by you or a legally authorized person*).
- *Interpretation:* We will schedule an interpreter upon your request that may be billed through your insurance.
- *Participate in Care Decisions:* You have the right to participate in the decisions affecting your healthcare in collaboration with your physician/surgeon, except when such participation is not indicated for medical reasons.
- *Change Care Providers:* You have the right to change your provider if other qualified providers are available.
- *Refuse Treatment:* You have the right to accept medical care or refuse treatment, within the limits of the law, and to be informed of the consequences of refusal.
- *Assessment of Pain:* You have the right to appropriate assessment and management of pain.
- *Access to Medical Record:* You have the right to inspect and obtain a copy of your medical record (in a variety of formats), and to expect a reasonable and timely transfer of information from one physician to another.
- *Knowledge of Financial Obligations:* You have the right to information regarding your bill prior to treatment, and to examine and receive an explanation of your bill regardless of the source of payment.
- *Resolution of Patient Complaints:* You have the right to expect that Dr. Bryan McLelland will try to resolve all patient complaints without compromising your future access to care. If you have a complaint, please request a patient grievance form from the front desk.
- *Advanced Directives:* You have the right to have an Advanced Directive. However, Dr. Bryan McLelland does not honor Advanced Directives. If you have any questions about this policy, please ask your physician/surgeon for more information.
- *Telehealth/Telemedicine:* You have the right to the same standard of care of providing informed consent, privacy to your medical information, and any other duties associated with practicing medicine regardless of whether your appointment is in-person or a telehealth visit.

### **Patient Responsibilities:**

*Providing Information:* You are responsible for providing, to the best of your knowledge, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health. You are responsible for reporting any perceived risks regarding your care and unexpected changes in your condition *Asking Questions:* You are responsible for making known whether you clearly comprehend your diagnosis, treatment, and followup care plan, and what is expected of you.

- *Participation:* You are responsible to fully participate in decisions involving your health care and to accept the consequences of those decisions if complications occur.
- *Following Instructions:* You are responsible for following the treatment plan recommended by your physician/surgeon. You should express your concerns regarding your inability to comply with a planned course of treatment, and in understanding the consequences of any treatment alternatives.

*Accepting Consequences:* You are responsible for your actions if you refuse treatment, or do not follow the physician/surgeon's instructions.

*Following Rules & Regulations:* You are responsible for keeping your appointment, or cancelling 24 hours prior to your scheduled appointment. You are also responsible for helping to control noise and disturbances, following the no smoking policy and respecting the property of others.

- *Meeting Financial Commitments:* You are responsible for assuring that the financial obligations for your health care are fulfilled as promptly as possible.
- *Respect and Consideration:* You are responsible for being considerate and respectful of the rights of others.
- *Telehealth/Telemedicine:* Your responsibilities remain the same whether your appointment is in-person or telehealth. Additionally, you are responsible for your telehealth environment including ensuring your privacy and safety.

**You are a partner in the health care process! Your involvement in helping us deliver quality health care is important. Please share your concerns and comments with us. Should you have a complaint, we would appreciate it if you would bring it to the attention of our senior management team by requesting a grievance form. You have the right to expect that Dr. Bryan McLelland will try to resolve all of your concerns without compromising your future access to care. If you have any questions or concerns regarding your care in this facility, please feel free to contact us.**

I acknowledge that I have received a copy of the Patient Rights and Responsibilities for the offices of Liberty Surgery Center. Dr. Bryan McLelland reserves the right to change the practices that are described in this document. If practices change, I will be offered a copy of the revised Patient Rights and Responsibilities at the time of my first visit after the revisions become effective. I may also obtain a revised copy by requesting that one be mailed to me

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Patient/Legal Representative signature

Date:

Patient Name:

MR#