Bill of Patients' Rights and Responsibilities

You have the RIGHT to...

⇒ Receive services that are necessary for your care without regard to race, color, creed, national origin, age, sex, sexual preference, marital status, number of pregnancies, type of contraceptive, disability, or political affiliation.

⇒ Be treated with courtesy, dignity, and respect.

⇒ Know the names and functions of doctors, nurse practitioners, nurses, and other people caring for you.

⇒ Be told by your caregivers what your condition and diagnosis is, what treatment they recommend, how they expect your condition to change, and what follow-up care is necessary.

⇒ Know the reason for various tests and treatments given to you and the names of the persons administering them to you.

⇒ Know the benefits, risks, and discomforts of any procedure or treatment recommended to you.

⇒ Refuse treatment and to be informed of the medical or other consequences of your refusal.

⇒ Be given an estimate of the charges for any medical procedures that you might undergo during your treatment. Patients are cautioned that actual charges might differ from those estimated due to any changes in diagnosis, unanticipated complications, changes in insurance information, etc.

⇒ Know how to get after-hours, weekend, and emergency care.

⇒ A full explanation of all papers that MCPN staff ask you to sign.

⇒ Receive information necessary to give informed consent prior to the start of any procedure and/or treatment, except for emergency situations.

⇒ Refuse to sign a consent form until you understand it.

⇒ Cross out any part of the consent form that you do not want applied to your care.

⇒ Change your mind before undergoing a procedure for which you have given your consent.

⇒ Refuse to participate in research projects.

⇒ Have access to your MCPN medical records (this does not include records MCPN has received from other providers, i.e. referrals, old records).

⇒ Expect that records related to your care remain confidential. *Note: Information in these records can be released only under the following circumstances:
  • You authorize the release.
  • There is immediate danger.
  • A duly authorized court order is issued.

⇒ Arrange to meet with another provider for a second opinion.

⇒ Arrange to change providers, clinics, or hospitals.

⇒ Expect that staff will respect your personal privacy to the fullest extent allowed by the care you need. You may also request a chaperone for any exam.

⇒ Upon request examine and receive explanation of your bill.

⇒ Express spiritual and cultural beliefs that do not harm others or interfere with their care.

⇒ Give us ideas about how to improve our services.

⇒ Be informed of the clinic’s complaint and formal grievance procedure.

⇒ File a complaint or formal grievance and have it acknowledged and resolved in a timely and orderly fashion.

⇒ Know the facility’s rules and regulations that apply to you conduct as a patient.
Responsibilities

⇒ Treat others with courtesy, dignity, and respect.

⇒ Consider the rights of other patients and staff and to help control noise.

⇒ Keep your appointments and be on time (note: if you cancel or change your appointment, we request 24-hour notice).

⇒ Give, upon request, necessary records for registration, billing, ability to pay, and authority to consent.

⇒ Bring insurance or Medicaid card to each clinic visit.

⇒ Give truthful and complete information about your present symptoms, past illnesses, other times you have sought medical care or been hospitalized, medicine you are taking, and other questions about your health.

⇒ Take part in your care and follow through with referrals.

⇒ Accept the results if you refuse treatment or do not follow the caregiver's instructions.

⇒ Ask questions if you do not understand papers you are asked to sign or information given to you.

⇒ Tell your caregiver when you are not pleased with your care.

⇒ Pay your co-pay or self-pay fees at the time of check-in for each visit.

⇒ Assure that your bill is paid.

⇒ Keep your personal belongings in a safe place.

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note: lack of regard for any of the following responsibilities can result in dismissal from the MCPN practice. Do not...

⇒ Miss more than three appointments (this applies to financial screening appointments as well as medical appointments).

⇒ Commit physical violence on the premises of MCPN.

⇒ Threaten or verbally attack other patients or staff.

⇒ Commit illegal activities on the MCPN premises.

⇒ Commit racial or ethnic intimidation on the MCPN premises.

⇒ Destroy MCPN or patient property.

⇒ Use obscenities on the MCPN premises.

I have received a copy of the Patient Bill of Rights and Responsibilities and have had a chance to read it and ask questions.

________________________________________

Patient Signature

________________________________________

Date