

## PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Family Medical Care (FMC) is committed to providing high quality care that is fair, responsive and accountable to the needs of our patients and their families. We are committed to providing our patients and their families with a means to not only receive appropriate health care and related services, but also to address any concerns they may have regarding such services. We encourage all of our patients to be aware of their rights and responsibilities and to take an active role in maintaining and improving their health and strengthening their relationships with our health care providers. We strongly urge anyone with questions or concerns regarding our “Bill of Rights and Responsibilities” to contact the business office. They will be happy to assist you.

### EVERY PATIENT HAS A RIGHT TO:

1. Receive high quality care based on professional standards of practice, regardless of his/her (or his/her family's) ability to pay for such services.
2. Obtain services without discrimination on the basis of race, ethnicity, national origin, sex, age, religion, physical or mental disability, sexual orientation or preference, marital status, socio-economic status or diagnosis/condition.
3. Be treated with courtesy, consideration and respect by all FMC staff, at all times and under all circumstances, and in a manner that respects his/her dignity and privacy.
4. Be informed of FMC's Privacy Policies and Procedures, as the policies relate to individually identifiable health information.
5. Expect that FMC will keep all medical records confidential and will release such information only with his/her written authorization, in response to court order or subpoenas, or as otherwise permitted or required by law.
6. Access, receive and/or copy his/her medical records, upon request, at a mutually designated time (or, as appropriate, have a legal custodian access, review and/or copy such records), and request amendment to such records.
7. Know the name and qualifications of all individuals responsible for his/her health care and be informed of how to contact these individuals.
8. Request a different health care provider if he/she is dissatisfied with the person assigned to him/her by FMC. FMC will use best efforts, but cannot guarantee that re-assignment requests will be accommodated.
9. Receive a complete, accurate, easily understood, and culturally and linguistically competent explanation of (and, as necessary, other information regarding) any diagnosis, treatment, prognosis, and/or planned course of treatment, alternatives (including no treatment), and associated risks/benefits.
10. Receive information regarding the availability of support services, including translation, transportation and education services.
11. Receive sufficient information to participate fully in decisions related to his/her health care and to provide informed consent prior to any diagnostic or therapeutic procedure (except in emergencies). If a patient is unable to participate fully, he/she has the right to be represented by parents, guardians, family members or other designated surrogates.
12. Ask questions (at any time before, during or after receiving services) regarding any diagnosis, treatment, prognosis and/or planned course of treatment, alternatives and risks, and receive understandable and clear answers to such questions.
13. Refuse a treatment (except as prohibited by law), and be informed of the alternatives and/or consequences of refusing treatment, which may include FMC having to inform the appropriate authorities of this decision, and express preferences regarding any future treatments.
14. Obtain another medical opinion prior to any procedure.
15. Be informed if any treatment is for purposes of research or is experimental in nature, and be given the opportunity to provide his/her informed consent before such research or experiment will begin (unless such consent is otherwise waived).
16. Develop advance directives and be assured that all health care providers will comply with those directives in accordance with the law.
17. Designate a surrogate to make health care decisions if he/she becomes incapacitated.
18. Ask for and receive information regarding his/her financial responsibility for services.
19. Receive a copy of the bill for his/her services, an explanation of charges, and description of the services that will be charged to his/her insurance.
20. Request any additional assistance necessary to understand and/or comply with FMC administrative procedures and rules, access health care related services, participate in treatments, or satisfy payment obligations by contacting the business office.
21. File a grievance or complaint about FMC or its staff without fear of discrimination or retaliation and have it resolved in a fair, efficient and timely manner.

### EVERY PATIENT IS RESPONSIBLE FOR:

1. Providing accurate personal, financial, insurance, and medical information (including all current treatments and medications) prior to receiving services from FMC and its health care providers.
2. Following all administrative and operational rules and procedures posted within the FMC facility(ies).
3. Behaving at all times in a polite, courteous, considerate and respectful manner to all FMC staff and patients, including respecting the privacy and dignity of other patients.
4. Supervising his/her children while in the FMC facility(ies).
5. Refraining from abusive, harmful, threatening or rude conduct towards other patients and/or FMC staff.
6. Not carrying any type of weapons or explosives into the FMC facility(ies).
7. Keeping all scheduled appointments and arriving on time.
8. Notifying FMC no later than 24 hours (or as soon as possible with 24 hours) prior to the time of an appointment that he/she cannot keep the appointment as scheduled. Failure to follow this policy may result in being charged for the visit and/or being placed on a waiting list for the next visit.
9. Participating in and following the treatment plan recommended by his/her health care providers, to the extent he/she is able, and working with providers to achieve desired health outcomes.
10. Asking questions if he/she does not understand the explanation of (or information regarding) his/her diagnosis, treatment, prognosis, and/or planned course of treatment, alternatives or associated risks/benefits, or any other information provided to him/her regarding services.
11. Providing an explanation to his/her health care providers if refusing to (or unable to) participate in treatment, to the extent he/she is able to clearly communicate wants and needs.
12. Informing his/her health care providers of any changes or reactions to medication and/or treatment.
13. Familiarizing himself/herself with his/her health benefits and any exclusions, deductibles, co-payments and treatment costs.
14. As applicable, making a good faith effort to meet financial obligations, including promptly paying for services as provided.
15. Advising FMC of any concerns, problems or dissatisfaction with the services provided or the manner in which (or by whom) they are furnished.
16. Utilizing all services, including grievance and complaint procedures, in a responsible, non-abusive manner, consistent with the rules and procedures of FMC (including being aware of FMC's obligation to treat all patients in an efficient and equitable manner).

**If you have a complaint or feel that your rights have been violated,  
you may contact the Director of Program Operations at 304-797-7733 Ext: 1309**