

## **PATIENT RIGHTS AND RESPONSIBILITIES**

At Physicians for Women of Greensboro, our goal is to provide a full range of excellent gynecological and obstetrical health care to every patient; working together as a full partner in your care. Our patients have the following rights and responsibilities regardless of race, color, culture, language, ethnicity, religion, sex, sexual orientation, gender identity or expression, socioeconomic status, age, national origin, physical or mental disability, and / or veteran status:

### **Your Responsibilities:**

- You are expected to schedule your appointments, keep your appointments or call to reschedule or cancel as early as possible.
- You are expected to provide complete and accurate information including your full name, address, contact numbers, and date of birth.
- You are expected to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.
- You are expected to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.
- You are expected to let us know when you see other health care providers so we can help coordinate the best care for you.
- You are expected to actively participate in your plan of care including your health, wellness and preventive services.
- You are expected to ask questions if you do not understand information or instructions.
- You are expected to inform your provider or office staff if you do not intend to or cannot follow the treatment plan. If you believe you cannot follow through with your treatment plan, you accept the health consequences that may occur if you decide to refuse treatment or instructions.
- You are expected to cooperate with and treat your providers and office staff with courtesy and respect.
- You are expected to respect the rights and property of the office and other patients.

### **Your Rights:**

- You have the right to be called by your proper name in a caring and safe environment that maintains dignity and adds to a positive self-image.
- You have the right to have a primary / preferred provider in the office.
- You have the right to be told the names of your providers, nurses, and all health care team members directing and/or providing your care.
- You have the right to ask about any of our services and receive patient appropriate services our office has to offer.
- You have the right to receive proper evaluation and treatment in a timely fashion.
- You have the right to be told by your provider about your diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including unexpected outcomes and to be involved in your care and decision making process.

## **PATIENT RIGHTS AND RESPONSIBILITIES**

- You can expect full consideration of your privacy and confidentiality in care discussions, exams, and treatments.
- You can expect that all communication and records about your care are confidential, unless disclosure is permitted by law. You have the right to see or get a copy of your medical records.
- You have the right to request a list of people to whom your personal health information was disclosed.
- You have the right to communication that you can understand. The office will provide sign language and foreign language interpreters as needed at no cost. Information given will be appropriate to your age, understanding, and language. If you have vision, speech, hearing, and/or other impairments, you will receive additional aids to ensure your care needs are met.
- You have the right to voice your concerns about the care you receive. If you have a problem or complaint, you may talk with your provider, nurse manager, or practice administrator.
- You have the right to agree or refuse to take part in medical research studies. You may withdraw from a study at any time without impacting your access to standard care.
- You have the right to receive detailed information about your office charges.
- You have the right to decline or revoke consent or leave the practice at any point in time.