

Patients' Rights and Responsibilities/Consent to Treatment

Patients' Rights and Responsibilities: Price Family Medicine is dedicated to providing you with the best health care possible. Along with technical expertise, we want to provide you with a positive patient experience. We respect your rights as a patient and want you to understand your responsibility as a partner in your care.

Consent to Treatment: I voluntarily authorize the rendering of such care, including diagnostic procedures and medical treatment by authorized agents and employees of Price Family Medicine, its medical staff and their designees, as may, in their professional judgment, be deemed necessary or beneficial. I acknowledge that no guarantees have been made as to the effect of such examination or treatment on my condition or the condition of the person for whom I am duly authorized to sign. I understand that I have the right to make decisions concerning my health care or the health care of the person for whom I am duly authorized to make such decisions, including the right to refuse medical and surgical procedures. This consent to treatment may be revoked in writing at any time by the patient or duly authorized agent.

Patients' Rights: Price Family Medicine is committed to providing you with respectful care as we meet your health care needs. For this reason, we want you to have a summary of you rights as a patient:

- You have a right to considerate and respectful care
- You have the right to participate in the development and implementation of your plan of care.
- You will not be denied access to care due to race, creed, color, national origin, sex, age, sexual orientation, or disability. You have the right to information about your condition and treatment in terms that you can understand.
- You have the right to refuse treatment as permitted by law & to be informed of the consequences of this refusal.
- You may consent or refuse to participate in experimental treatment or research.
- You are entitled to be free from all forms of abuse or harassment
- You have the right to make or have a representative of your choice make informed decisions about your care.
- You have the right to formulate advance directives and have them followed.
- You are entitled to be free from any forms of restraints or seclusion as a means of convenience, discipline, coercion, or retaliation. Seclusion and restraint for behavior management can only be used in emergency situations.
- You are entitled to information about rules and regulations affecting your care or conduct.
- You have the right to know the names and professional titles of your physicians and caregivers.
- You can request a change of provider or second opinion if you choose.
- You have the right to personal privacy and to receive care in a safe environment.
- You have the right to a prompt and reasonable response to request for service within the capacity of the facility.
- You have the right to express concerns or grievances regarding your care to the office manager.
- The confidentiality of your clinical and personal records will be maintained.
- You have the right to see your medical record within the limits of the law.
- You have the right to an explanation of all items on your bill.

Patients' Responsibilities: This is a summary of your responsibilities as a patient at Price Family Medicine:

- To provide accurate/complete information about all matters pertaining to your health, including past or present medical problems.
- To follow instructions and advice of your health care team. If you refuse treatment or do not follow the instructions or advice, you must accept the consequences of your actions including being discharged as a patient from the practice.
- To notify a member of the health care team if you do not understand information about your care and treatment.
- To report changes in your condition or symptoms to a member of the healthcare team.
- To act in a considerate and cooperative manner and to respect the rights and property of others.
- To follow the rules and regulations of the health care facility.
- To keep your scheduled appointments or to cancel **AT LEAST 24 HOURS IN ADVANCE in non emergency situations.**
- To pay your bills or make payment arrangements with the Price Family Medicine to meet your financial obligations.

Questions or Concerns: You and your family should feel you can always voice your concerns. If you share a concern or complaint, your care will not be affected in any way. The first step is to discuss your concerns with your doctor or the office manager.

Certification: I certify that I have read and understood the authorization to treatment given above, as well as the patients' rights and responsibilities specified in this agreement, and I accept its terms.

Signature of Patient or Designee _____ Date _____