



## THE PEDIATRICIANS OF HYDE PARK, LLC

### Patients Rights & Responsibilities

#### Personal Privacy/Visitation

- To have your personal dignity respected
- To the confidentiality of your identifiable health information
- To enjoy personal privacy and a safe, clean environment
- To be informed
- To designate a support person

#### Security

- To be free from all forms of abuse or harassment
- To access protective and advocacy services

#### Cultural and Spiritual Values

- To have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected

#### Access to Care

- To receive care regardless of your age (3+), race, color, national origin, culture, ethnicity, language, socioeconomic status, religion, physical or mental disability, sex, sexual orientation, or gender identity or expression, or manner of payment
- To ask for a change of provider or a second opinion and to know the names and professional titles of all your caregivers

#### Communication

- To receive information, you can understand and access to an interpreter and/or translation services at no charge
- To know the reasons for your transfer to a hospital/healthcare provider
- To legally appoint someone else to make decisions for you, if you should become unable to do so; and have that person either approve or

#### Pain Management

- To have pain assessed and managed appropriately
- To have all prescribed medications explained and treatment plans

#### Disclosures

- To request a listing of disclosures about your healthcare and able to access and request to amend your medical record as allowed by law
- To know the relationship(s) of other persons or organizations participating in the provision of your care

#### Access to Information

- To make advance directives and have them followed, subject to limitations required by applicable laws/statutes
- To have your caregivers and your own physician, if requested, to be informed of your health status
- To know the rules regulating your care and conduct
- To be told what you need to know about your health condition after an office visit or procedure
- To be informed and involved in decisions that affect your care, health status, services, or treatment
- To understand your diagnosis, condition and treatment and make informed decisions about your care after being advised of material risks, benefits, and alternatives
- To knowingly refuse any care, treatment, and services
- To say "yes" or "no" to experimental treatments and to be advised when a

## **Provision of Pertinent Information**

- To give us complete and accurate information about your health, including your previous medical history and all the medications you are taking
- To inform us of changes in your condition or symptoms, including pain
- To legally appoint someone else to make decisions for you, if you should become unable to do so; and have that person either approve or refuse care, treatment and services
- To have your family or representative involved in care, treatment, and service decisions, as allowed by law
- To be informed of unanticipated adverse outcomes

## **Marketing / Photographs / Videos**

- To provide prior consent before publishing any pictures/photographs of patients or caregivers

## **Respect and Consideration**

- To be considerate and cooperative
- To respect the rights and property of others

## **Explanation of Financial Charges**

- To pay your bills or make arrangements to meet the financial obligations arising from your care
- To have your bill explained and receive information about charges that you may be responsible for, and any potential limitations your policy may place on your coverage
- To express concerns, complaints and/or a grievance

## **Asking Questions and Following Instructions**

- To let us know if you don't understand the information, we give you about your condition or treatment
- To speak up. Communicate your concerns to any employee as soon as possible — including any member of the patient care team, manager, administrator or Compliance Officer

## **Refusing Treatment and Accepting Consequences**

- To follow our instructions and advice, understanding that you must accept the consequences if you refuse

## **Following Rules and Regulations**

- To follow our rules and regulations
- To keep your scheduled appointments or let us know if you are unable to keep them
- To leave your personal belongings/valuables at home or in your vehicle

## **Concerns, Complaints or Grievances**

- To receive a reasonably prompt response to your request for services
- To be involved in resolving issues involving your own care, treatment, and services
- To express concerns, complaints and/or a grievance