

# **ANTONE F. FEO, PH.D. & ASSOCIATES, INC.**

## **PSYCHOLOGICAL SERVICES**

24500 Center Ridge Road, Suite 100

Westlake, Ohio 44145-5602

(440) 899.1300 (440) 899.0266 (fax)

### **Patient Rights and Responsibilities Policy**

The provider and office staff acknowledges and adheres to the following patient Rights and Responsibilities as related to the patient's care.

#### **PATIENT RIGHTS**

- ◆ Patients have the right to quality services, appropriate to their health care needs, which are delivered in a timely manner.
- ◆ Patients have the right to appropriate Medically Necessary medical care.
- ◆ Patients have the right to reasonable access to medical care.
- ◆ Patients have the right to confidentiality in regard to medical and social history, individual medical records and medical information.
- ◆ Patients have the right to be treated with dignity, respect and consideration.
- ◆ Patients have the right to be informed about personal health as it concerns medical conditions, diagnostic tests and treatment plans.
- ◆ Patients have the right to change physicians/providers.
- ◆ Patients have the right to a second opinion.
- ◆ Patients have the right to involvement in decision-making concerning treatment.
- ◆ Patients have the right to refuse participation in research. Human experimentation affecting care or treatment shall be performed only with a patient's informed consent.
- ◆ Patients have the right to auditory and visual privacy during a visit.
- ◆ Patients have the right to approve or refuse the release of information except when the release is required by law.
- ◆ Patients have the right to refuse treatment or therapy. Such persons will be made aware of the consequences of their decision and it will be documented in their medical record.
- ◆ Patients have the right to create Advance Directives, which let providers, and others know the persons' wishes concerning medical treatment.
- ◆ Patients have the right to assert complaints and grievances about the providers and the health care provided.
- ◆ Patients have the right to be informed about the role of medical students/supervised practitioners and the right to refuse such care.

#### **PATIENT RESPONSIBILITIES**

- ◆ To become informed about their insurance plan including benefits available.
- ◆ To become knowledgeable of the system to access medical care.
- ◆ To keep all scheduled appointments and to notify the provider when unable to keep a scheduled appointment.
- ◆ To be on time for all scheduled appointments
- ◆ To follow all medically appropriate physician orders and prescriptions.
- ◆ To treat all personnel with courtesy and respect.
- ◆ To provide complete health status information for accurate diagnosis and appropriate treatment.
- ◆ To always call your PCP before receiving Urgent Care and, when possible, Emergency Care.
- ◆ To notify your PCP when you receive Emergency care within twenty-four (24) hours, or as soon as possible.

HIPAA forms/PATIENT RIGHTS AND RESPONSIBILITIES POLICY

7/28/04

Signature \_\_\_\_\_

Date \_\_\_\_\_