**Patient Rights & Responsibilities Policy**

**CONFIDENTIALITY**

It is the policy of First Chiropractic Centers, PC to treat all patient information confidentially. This includes patient records and conversations. We will investigate any reported violation of this policy. If you have any questions, please ask a front desk representative for information. First Chiropractic Centers, PC makes every effort to provide our patients with an environment, which is safe, private and respectful of our patient’s needs. If you have a complaint about our services, facilities or staff, we want to hear from you. We will do everything we can to see that your experience with us is professional in every way.

**ISSUES OF CARE**

First Chiropractic Centers, PC is committed to patient participation in care decisions. As a patient, you have the right to ask questions and receive answers regarding the course of clinical care recommended by any of our health providers, including discontinuing care. We urge you to follow the healthcare directions given to you by our providers. However, if you have any doubts or concerns, or if you question the care prescribed by our providers, please ask.

**Patient Rights**

* A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
* A patient has the right to a prompt and reasonable response to questions and requests.
* A patient has the right to know who is providing medical services and who is responsible for his or her care.
* A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
* A patient has the right to know that rules and regulations apply to his or her conduct.
* A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
* A patient has the right to refuse any treatment, except as otherwise provided by law.
* A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
* A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
* A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
* A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
* A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
* A patient has the right to make informed decisions about treatment and for any emergency medical condition that will deteriorate from failure to provide treatment.
* A patient has the right to pain relief and to reasonable continuity of care and service.
* A patient has the right to confidentiality of all information pertaining to his/her medical equipment service and to not share their information with individuals or organizations not involved in their care without written consent by the patient.

A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

A patient has the right to express grievances without fear of termination of service or other reprisal in the service process regarding and violation of his or her rights, as stated in [SD/NE] law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate licensing agency.

**PATIENT RESPONSIBILITIES**

* A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
* The patient should promptly notify the Home Medical Equipment Company of any equipment failure or damage.
* The patient is responsible for any equipment that is lost or stolen while in their possession and should promptly notify Home Medical Equipment Company in such instances.
* The patient should promptly notify the Home Medical Equipment Company of any changes concerning their physician.
* The patient should notify the Home Medical Equipment Company of discontinuance of use
* A patient is responsible for reporting changes to their address or phone number.
* A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
* A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
* A patient is responsible for following the treatment plan recommended by the health care provider.
* A patient is responsible for keeping appointments and, when unable to do so for any reason, for notifying the health care provider or health care facility.
* A patient is responsible for his or her actions if he or she refuses treatment or does not follow the provider’s instructions.
* A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
* A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.
* A patient is responsible for any equipment charges which the patient’s insurance company/companies does not pay

**Name of Primary Care Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address/Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

It is the goal of First Chiropractic Centers, PC to coordinate your best care possible with your Primary Care Provider and therefore we would like to share your care summary.

I authorize a summary of my care be sent to the above doctor/facility after each visit.

* + - Yes
    - No

I have read and understand my rights and responsibilities as a patient as noted above.

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**Patient Signature Date**