

# Urology Associates of Kingsport, PC

## Patient's Rights and Responsibilities

**YOUR RIGHTS:** As a patient of this office, you have the right:

- To receive information about the office policies/procedures; to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished.
- To be informed before care is initiated, orally &/or in writing, at your request of the (1) Extent to which payment may be expected from Medicare, Medicaid, or other federally funded programs; (2) Charges not covered by Medicare; (3) Charges that patient may have to pay; (4) Cost of care.
- To receive services without regard to race, creed, color, religion, sex, national origin, sexual preference, handicap, or age;
- To receive information needed to assure your informed consent for treatment; receive reasonable and appropriate information concerning your condition, treatment; unless the physician determines knowledge would harm the patient and documents such determination in the patient's record;
- To receive reasonable continuity in staffing;
- To receive the first name and title of any staff involved in your care;
- To always receive courtesy and respect from all staff;
- To decline services after having received reasonable information;
- To be informed of your rights through written notice of rights prior to or during the initial evaluation visit;
- To exercise your rights as a patient-family or guardian may exercise your rights when you are judged incompetent;
- To participate in decisions concerning your care; right to participate in the planning of care and be advised in advance of your properties by anyone who is furnishing services on behalf of this office; and will not be subjected to discrimination or reprisal for so doing.
- To voice a problem, complaint, grievance, or recommend a change, please call, or write to the attention of our office Administrator;
- To confidentiality of the clinical records maintained by this office and not released without the patient and /or legal guardians written permission.

To provide the best possible care, the office needs to receive from you:

**YOUR RESPONSIBILITIES:** accurate, complete information regarding illnesses, hospitalizations, medications, allergies, and other pertinent issues;

- Notice of inability to keep an appointment;
- Knowledgeable of and adhere to the rules and regulations of your insurance policy;
- Participation in the development and update of your care plan;
- Adherence to your individualized care plan;
- Notification to the office of any changes in your care/condition;
- Any questions you have concerning your care;
- Assure that financial obligations are fulfilled as promptly as possible per our office policy.
- Information regarding concerns and problems you have to an office staff member.