

## Patient Bill of Rights and Responsibilities

Meridian Internal Medicine, P.A. views health care as a partnership. We respect your rights, values and dignity. We also ask that you recognize the responsibilities that come with being a patient, both for your own well-being as well as for that of your fellow patients and health care providers. Please read and exercise these rights and responsibilities as outlined here.



### Your rights as a health care consumer

- You have the right to considerate, respectful, and compassionate care regardless of gender, race, sexual orientation, age, culture, disabilities, or religious beliefs.
- You have the right to receive care in a clean and safe environment.
- You have the right to know the name, position, and function of any office staff involved in your care, and may refuse their treatment, examination, or observation.
- You have the right to make informed choices about health products, health services, and health care practitioners.
- You have the right to receive complete and current information concerning your diagnosis and treatment. If you are unable to comprehend medical information, the information will be made available to a person designated or authorized by you, on your behalf.
- You have the right to receive all of the necessary and pertinent information to make informed decisions about health care treatment.
- You have the right to a complete and thorough examination by the health care professional including appropriate assessment and effective management of pain.
- You have the right to refuse treatment, as permitted by law, and to be informed of the medical consequences of that action.
- You have the right to every consideration of privacy regarding the medical care provided.
- You have the right to receive the Notice of Privacy Practices describing how your medical information may be used and disclosed and how you may gain access to this information as dictated by the Health Insurance Portability and Accountability Act of 1996 (HIPPA).
- You have the right to expect that all communications and records pertaining to health care will be treated as confidential. You will be afforded the opportunity to approve or refuse the release of records, except when required by law.
- You have the right to expect that within its capacity Meridian Internal Medicine, P.A. will make all reasonable efforts to provide requested services.
- You have the right to know what relationship Meridian Internal Medicine, P.A. has with other health care providers and facilities in regards to your health care.

- You have the right to know if Meridian Internal Medicine, P.A. is engaging in research about health care and the right to refuse participation in such research.
- You have the right to expect reasonable continuity of health care.
- You have the right to examine and receive an explanation of costs for treatment when applicable.
- You have the right to register complaints regarding health care with the health care provider and/or the office manager.

### **Your responsibilities as a health care consumer**

- You have the responsibility to ask questions if you do not understand the explanation of the diagnosis, treatment, prognosis or any instructions.
- You have the responsibility to follow instructions concerning medications, follow-up visits, education recommendations, and other essential steps in the treatment plan and to notify the health care provider if this plan cannot be followed or if problems develop.
- You have the responsibility to maximize healthy habits, such as exercising, not smoking, and maintain a healthy diet.
- You are responsible for informing Meridian Internal Medicine, P.A. if you are unable or unwilling to follow the plan of care. And you are responsible for the outcomes of not following your plan of care.
- You have the responsibility for respecting the rights of others, including, but not limited to, other patients, staff and providers.
- You have the responsibility to arrive as scheduled for appointments.
- You have the responsibility to notify Meridian Internal Medicine, P.A. at least 24 hours in advance when canceling any appointment.
- You have the responsibility to be familiar with your health insurance policy coverage.
- You have the responsibility to ensure that Meridian Internal Medicine, P.A. has received the proper authorization for services that may be required by your health insurance.
- You have the responsibility to provide complete and accurate information about your health, medical history and personal data, including address, telephone number, date of birth, insurance and employer.
- You are responsible for meeting your financial obligation to Meridian Internal Medicine, P.A. as outlined in the Financial Policy.
- You have the responsibility to follow all policies of Meridian Internal Medicine, P.A.