



A NORTHSIDE NETWORK PROVIDER

## Health Choice Urgent Care

### PATIENT RIGHTS INCLUDE, BUT ARE NOT LIMITED TO, THE RIGHT TO:

- Be informed of your rights as a patient throughout their relationship with the practice. You may appoint a representative to receive this information should you desire.
  - Receive services without regard to age, color, disability, national origin, race, or sex.
  - Considerate, respectful and dignified care, provided in a safe environment, free from all forms of abuse, neglect, harassment or reprisal.
  - Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse the course of treatment. This information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.
  - Participate in the development and implementation of your plan of care and actively participate in decisions regarding your care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
  - Privacy concerning your care. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. You have the right to be advised as to the reason for the presence of any individual involved in your care.
  - Confidential treatment of all communications and records pertaining to your care, including our Notice of Privacy Practices. Your written permission will be obtained before your medical records will be made available to anyone not directly concerned with your care.
  - Receive information in a manner that you understand. Communication will be provided in a manner that facilitates your understanding. Written information provided will be appropriate your age, understanding and, as appropriate, language. Such communication will be considerate of your vision, speech, hearing cognitive, and Limited English Proficiency (LEP).
  - Access information contained in your medical record within a reasonable time frame.
- If you have any concerns about these rights or the provision of these rights, you may contact those below.**

- o Office of Civil Rights at 1-800-368-1019, 1-800-527-7697 (TDD) or by visiting <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- o Urgent Care Group Compliance Help Line  
[www.ucgcompliance.com](http://www.ucgcompliance.com)  
**844-753-9421**

- Consent to participate in human experimentation, research, clinical trials, or medical education affecting your care or treatment. You have the right to refuse to participate in such research projects. Refusal to participate or discontinuation of participation will not compromise your right to access care, treatment or services. If you choose to participate in such research, investigation and/or clinical trials, you have the right to a full informed consent process as it relates to the research, investigation and/or clinical trial.

- Examine and receive an explanation of your bill regardless of source of payment.

- Have all of your rights apply to the person whom you designate or who has legal responsibility to make decisions regarding medical care on your behalf.

### PATIENT RESPONSIBILITIES:

- In addition to patient rights, you also have certain responsibilities. These responsibilities are presented in the spirit of mutual trust and respect.
- You have the responsibility to provide accurate and complete information concerning your present complaints, past illnesses, hospitalizations, medications (including over the counter products and dietary supplements), allergies and sensitivities and other matters relating to your health.
- You are responsible for asking questions when you do not understand what you have been told about your care or what you are expected to do.
- You are responsible for following the treatment plan established by your provider, including the instructions of nurses and other health professionals as they carry out the provider's orders.
- You are responsible for keeping appointments and for notifying us when you are unable to do so.
- You are responsible for your actions should you refuse treatment or not follows your provider's orders.
- You are responsible for assuring that your financial obligations for care are fulfilled as promptly as possible.
- You must inform us whether you have a living will, medical power of attorney or other directive that could affect your care.
- You are to respect all of your health care providers and staff as well as other patients.