



PATIENT RIGHTS AND RESPONSIBILITIES

Patient/Patient Representative Rights:

<p>Decision Making</p> <ul style="list-style-type: none">• Receive complete and current information including diagnosis, treatment, and consequences of not receiving treatment in terms you understand• Give or withhold informed consent regarding care and treatment• Participate in managing your care <p>Quality of Care</p> <ul style="list-style-type: none">• Respectful treatment which recognizes and maintains your dignity, values, beliefs• Care in a safe setting• Be free from mental, physical, sexual and verbal abuse, neglect and exploitation	<p>Confidentiality and Privacy</p> <ul style="list-style-type: none">• Personal privacy including the right to be interviewed and examined in surroundings designed to assure reasonable privacy.• Personal information being shared only with those who are involved in your health care• Confidentiality of your Personal Health Information and access to disclosures of PHI. <p>Access to medical records</p> <ul style="list-style-type: none">• Review and get a copy of your medical records• Copies of medical records for legal counsel/other entities will incur a nominal fee in accordance with limits from the state of Colorado• Request an amendment to your medical record
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Patient/Patient Representative Responsibilities:

<p>Provide Information</p> <ul style="list-style-type: none">• Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medication and other health-related matters• Understand your treatment plan, ask questions when needed• Provide accurate and updated information for insurance and billing <p>Respect and Consideration</p> <ul style="list-style-type: none">• Act in a respectful and considerate manner with health care providers, other patients and visitors. Physical or verbal threats not tolerated. Yelling is not tolerated• Follow the clinic rules and regulations• Respect the property of others• Be mindful of noise levels	<p>Involvement</p> <ul style="list-style-type: none">• Actively participate in your treatment by following your recommended treatment plan• Express any concerns about your ability to follow the treatment plan• Accept consequences of outcomes if you do not follow the treatment plan• Speak up about concerns you may have about the quality of our care and treatment <p>Insurance and Billing</p> <ul style="list-style-type: none">• Know the extent of your insurance coverage• Know your insurance requirements such as preauthorization, deductibles and co-payments• Fulfill your financial obligations as promptly as possible
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Questions? Call our office at 303-666-8149 or email us at supplier@myhearingsolution.com