



PATIENT RESPONSIBILITIES

1. Know the benefits and exclusions of your health insurance coverage.
2. Know how to access services in routine, urgent and emergency situations.
3. Present your ID card at the time of service, as well as any active insurance card.
4. Consult your Primary Care Provider (PCP) for direction of care before receiving care (unless in a life-threatening situation).
5. Keep scheduled appointments and notify the provider's office promptly if you are delayed or cannot keep an appointment (Charges may be incurred for missed appointments that are not cancelled 24 hours in advance.)
6. Establish an ongoing rapport with your Primary Care Provider (PCP) and behave in a manner that supports the care provided to others and the general function of the facility.
7. Ask questions and seek clarification to understand your health problems and participate in mutually agreed upon treatment goals.
8. Follow advice of your Primary Care Provider (PCP) and consider the likely consequences should you refuse to comply.
9. Know what medications you are taking, why you are taking them and how to take them.
10. Notify your provider of changes in address, phone number and insurance information in a timely manner.
11. Payment of all services or non-covered services and applicable co-payments is required at the time service is provided.

PATIENT RIGHTS

1. Be treated without regard to race, ethnicity, national origin, religion, sex, age, mental and physical disability or medical conditions, sexual orientation, claims experience, medical history, evidence of insurability, genetic information, or source of payment.
2. Be treated in a manner respectful to your personal privacy and dignity.
3. Receive assistance in a prompt, courteous and responsible manner.
4. Select a primary care provider (PCP) or change your PCP, if necessary.
5. Knowledge of the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians who will see you.
6. Be informed by your treating provider of your diagnosis, prognosis and treatment options in terms you understand, and regardless of cost or benefit coverage.
7. Participate in decisions regarding medical care; be advised by your treating provider of the possible consequences of your decisions and refusing treatment.

8. Be referred, according to your needs, to a provider suitable to care for your condition. That participates in your insurance plan.
9. Be assured of confidential handling of all communication and medical information as provided by law and professional medical ethics.
10. Express concerns including quality of care issues, receiving a response in a timely manner and initiating the grievance procedure through your health plan if you are not satisfied with our resolution of your complaint.
11. Receive information about Family Medicine Associates, its services, practitioners and providers, and patient's rights and responsibilities.

SIGNED BY: _____ DATE: _____