



**You have the right:**

- To considerate and respectful care consistent with sound nursing and medical practices
- To be informed of the name of the physician responsible for coordinating your care
- To obtain from the physician complete, current information concerning your diagnosis, treatment, and prognosis in terms I can reasonably be expected to understand
- To receive from the physician information necessary to give informed consent prior to the start of any procedure or treatment
- To refuse treatment to the extent permitted by law and to be informed of the medical consequences of such action; You can still obtain alternative care.
- To privacy to the extent consistent with providing adequate medical care to you
- To privacy and confidentiality of all records pertaining to the your treatment, except as otherwise provided by law or third party payment contract, and to access to those records
- To review your medical records and if necessary have them explained to you
- To know what alternative care may be available to you
- To know what your treatment may cost

**You have the responsibility:**

- To provide all information about your past care, illness and medication to your physician
- To for being considerate to the needs of others in the office
- To provide all insurance information when requested, and following the requirements for your individual insurance plan for seeking treatment with the Doctor

**Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_