

## **Outpatient Services East Patient Rights and Responsibilities**

*As a patient of Outpatient Services East you maintain certain rights and responsibilities.*

### **You have the right to:**

1. A response to requests, needs, concerns, complaints or grievances without discrimination or reprisal.
2. Receive care in an emotionally safe environment; free from neglect; harassment; exploitation; and/or verbal, mental, physical, and sexual abuse.
3. Receive care in a physically safe environment based on current practice standards.
4. Be fully informed in a way that is complete and easy to understand about a treatment or procedure and the expected outcome before it is performed; and to refuse a treatment or procedure.
5. Participate in decisions about your care, treatment, or services. When the patient is determined incompetent, the person appointed under state law or designated by the patient may exercise any and all rights.
6. Care and treatment that is considerate and respectful of your privacy and which optimizes your comfort and dignity.
7. Refuse to participate in educational and/or research programs.
8. Receive information about the individual(s) responsible for your care, treatment, or services.
9. Privacy and confidentiality in all matters.
10. Review the charges for your care.

### **You have the responsibility to:**

1. Be thoughtful of other patients and visitors
2. Be considerate and respectful of those caring for you
3. Help us care for you by providing honest, accurate and complete information regarding your medical history including information about your current health status, medications and drugs you use, previous illnesses, injuries or medical care received
4. Participate in the process of marking the correct operative site
5. Participate in your health care decisions unless you choose to give that responsibility to a family member or care partner
6. Ask questions when you do not understand
7. Cancel appointments you are not able to keep
8. Provide accurate information on insurance or method of payment for your care
9. Follow instructions for the agreed upon treatment plan and express any concerns regarding your ability to follow this plan or course of treatment.
10. Express concerns regarding your care or safety and provide information, suggestions or compliments which will help us provide high-quality care.