

## **PATIENT RIGHTS AND RESPONSIBILITIES**

Our goal is to provide the HIGHEST QUALITY of care for our patients. We respect and value you, and have created this document to help you understand what to expect from us, and what we expect from you.

### **You Have the Right To:**

- Exercise these rights without regard to sex, age, economic status, educational background, race, color, religion, national origin, sexual orientation, gender identity, marital status, or the source of payment for care.
- Have the confidentiality of your medical information protected, to have privacy act regulations enforced, and to have these areas of confidentiality explained to you in language you can understand.
- Have privacy during care discussion, counseling & treatment.
- Personally review your medical records in the presence of a health care professional.
- Know the name and qualifications of staff providing your care.
- Know your diagnosis, health problems, test results, the potential advantages and risks of treatment, procedures, and medications in language you can understand.
- Expect that all services, treatment and counseling techniques will take place with your informed consent.
- File a complaint regarding any aspect of Orchid Health. Those who file complaints will be free from retribution.
- Have another individual present in the exam room with you, if you so desire.
- Request that another Orchid provider administer your care.
- Be treated from a culturally appropriate perspective.
- Receive quality medical care from a qualified provider.

### **You Have the Responsibility To:**

- Treat Orchid staff with consideration, respect and dignity. Threats to any staff member will result in immediate termination of your care.
- Understand that your lifestyle does affect your health and take an active part in your health care.
- Follow the agreed upon treatment plan. If you choose not to follow or are unable to follow the treatment plan, it is your responsibility to inform your medical provider.
- Provide accurate and complete personal contact and insurance information as well as information about present complaints, past illnesses, hospitalizations, medications, advance directives (living wills or durable power of attorney), and other matters relating to your health care.
- Communicate with your provider so that you understand a medical course of action and what is expected of you during the course of treatment.
- Observe Policies and Procedures that are for the safety and consideration of all patients and staff such as:
  - Request Prescription (Rx) refills in a timely manner. Contact your pharmacy, mail order pharmacy, or our office no less than 72 hours before your Rx is due to be filled.
  - Schedule appointments for CONTROLLED Prescriptions one week in advance
  - Arrive 15 minutes prior to your scheduled appointment time.
  - Call to cancel/ reschedule your appointments 24 hours in advance if needed.
  - Have proof of insurance and if applicable, your copayment, at the time of your appointment.

Thank you

[www.orchidhealth.org](http://www.orchidhealth.org)