PATIENT RIGHTS AND RESPONSIBILITIES

In recognition of our responsibility in rendering patient care, these rights and responsibilities are affirmed in the policies and procedures of the Pain Specialty Center of Atlanta, P.C.

Every Patient Has the Right

To be treated with courtesy and respect, with appreciation of his or her individual dignity and with protection of his or her need for privacy.

To be free of all forms of abuse or harassment.

To an environment that is safe and secure for self and property.

To confidentiality of information gathered during treatment.

To know what rules and regulations apply to his or her conduct.

To refuse treatment, except as otherwise provided by law.

To receive impartial access to medical treatment or accommodations, regardless of age, race, national origin, religion, physical handicap, or source of payment.

To express grievances regarding any violation of his or her rights, through the grievance procedure of the health care provider which served him or her.

To exercise his or her rights without being subjected to discrimination or reprisal.

To prompt and reasonable response to questions and requests.

To know who is providing and is responsible for his or her care.

To know, upon request and in advance of treatment, whether the health care provider or health care practice accepts the Advance Directives.

To know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

To be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

To receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

To know if medical treatment is for purposes of experimental/research and to give his or her consent or refusal to participate in such experimental research.

To participate in all aspects of health care decisions, unless contraindicated by concerns for their health.

To appropriate assessment and management of pain.

To be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

To receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

To receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have charges explained.

Every Patient is Responsible

For providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

For reporting unexpected changes in his or her condition to the health care provider.

For reporting to the healthcare provider whether he or she comprehends a contemplated course of action and what is expected of him or her.

For following the treatment plan recommended by the health care provider.

For keeping appointments and when he or she is unable to do so for any reason, for notifying the Practice.

For his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.

For assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

For following Practice rules and regulations affecting patient care and conduct.

For consideration and respect of the Practice staff and property.

For asking what to expect regarding pain and pain Management.

You and your family should feel you could always voice your concerns. If you share a concern or complaint, your care will not be affected in any way. The first step is discuss your concerns with your doctor, nurse, or other caregiver. If you have concerns that are not resolved, please contact James Courtney, Office of Regulatory Services, Two Peachtree Street NW, 31st floor, Atlanta, GA 30303 or 404-657-5700. You may also contact the Office of the Medicare Beneficiary Ombudsman at www.cms.hhs.gov/center/ombudsman.asp

Patient's Signature_____   Date_____