## **Utica Park Clinic Patient Bill of Rights and Responsibilities**

- As a patient receiving medical services from Utica Park Clinic, you have the right to expect to be treated with consideration and respect.
- To ensure that you gain maximum benefit from our care, you have certain responsibilities that contribute to the partnership between you and Utica Park Clinic.

## **AS A PATIENT OF UTICA PARK CLINIC YOU** HAVE THE RIGHT TO:

- Refuse treatment to the extent permitted by law, and to be informed of the 1. medical consequences of your action or decision.
- Be informed in advance about the care and treatment you will receive, 2. including but not limited to, your diagnosis, prognosis, risks, benefits and alternatives available in terms you can reasonably expect to understand. This right includes any treatment classified as "experimental."
- Receive necessary information from your physician prior to changing any care 3. or treatment provided or any medical procedure to be performed. Informed consent or refusal is your right and your decision may be reversed by you at any time without fear of reprisal, discrimination or unreasonable interruption in services.
- Expect any information regarding your case or contained in your medical 4. record will remain confidential and will not be shared with others unless permitted or required by law.
- Know the names and qualifications of physicians, consulting physicians and 5. Utica Park Clinic staff members who are providing your care and treatment.
- Have access to your medical record with reasonable guidance from your 6. physician in order to protect your health and mental well-being.
- Have access to any bill or charges with an explanation of the information 7. present.
- Request and, in most circumstances, be allowed to have your family or 8. designated representative participate with you in decision making regarding your medical care.
- Have your family or guardian exercise your medical rights if you are 9. incapacitated and are unable to make your own health care decisions.
- Expect that reasonable effort will be made to respond to your request for 10. services with information provided to explain decisions which were made.
- Expect reasonable continuity of care. 11.
- Information regarding processes available to address or resolve concerns or 12. issues.
- 13. Expect that your wishes regarding your rights on advance directives, and heroic measures in your health care, when communicated to your provider, will be carried out whenever possible.
- Know what your responsibilities are as a patient in the care of Utica Park Clinic. 14.



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## AS A PATIENT OF UTICA PARK CLINIC YOU **HAVE THE RESPONSIBILITY TO:**

- Provide, to the best of your ability, accurate and complete information regarding your past and current health status and to provide previous medical records whenever possible to your Utica Park Clinic provider.
- Act as a responsible partner in your own health care, setting your health care 2. goals and to request clarification of any information provided to you which is not completely understood by you.
- Follow the treatment plan recommended by your provider when agreed to by 3. you.
- Be considerate of other patients, staff members and conduct yourself in a 4. reasonable manner while observing the rules and regulations of Hillcrest HealthCare System. This responsibility is yours, as well as that of any family or visitors you might have and also applies to any property or equipment owned or maintained by Hillcrest HealthCare System.
- 5. Keep all appointments at their scheduled time or provide reasonable notice of inability to keep a particular appointment.
- Provide necessary and accurate information for medical care reimbursement in a 6. timely manner.
- Be aware of benefits or services which are not, or may not be, covered by 7. your health plan and to assist your health care providers in obtaining accurate information when needed to verify health plan eligibility.
- Be aware of "patient rights on advance directives" and to share your wishes 8. regarding heroic measures in your health care with your provider. (See your health plan member handbook.)
- Continue your treatment plan until changed or stopped by your provider with 9. your agreement.
- 10. Use Hillcrest HealthCare System facilities and services whenever possible to help ensure continuity of care. (This does not apply to potentially life-threatening emergency situations.)
- Be aware, and follow, proper procedures to address concerns or issues. 11.
- 12. Inform your primary care provider when you have:
  - An unplanned visit to an emergency room.
  - Been admitted to a hospital.
  - Any problems or questions with your treatment plan.
- 13. Inform your health plan with any questions or concerns regarding benefits or services available to you.