



7725 BALLANTYNE COMMONS PARKWAY, SUITE 101  
CHARLOTTE, NC | 704.770.5715

## **YOUR RIGHTS AND RESPONSIBILITIES AS OUR PATIENT**

This center is a physician owned facility. You may exercise the following rights without being subjected to discrimination or reprisal.

### **PATIENT RIGHTS – YOU HAVE A RIGHT TO:**

- Considerate, respectful, and safe care that is free from abuse or harassment.
- A discussion of your illness, what we can do about it, and the likely outcome of care.
- Know the names and roles of the people caring for you here.
- Respectful and effective pain management.
- Receive as much information to consent to or refuse a course of treatment or invasive procedure and to actively participate in decisions regarding your medical care.
- Involve your health care proxy or significant others in the decision-making process for medical decisions.
- Reasonable continuity of care and to know in advance the time and location of an appointment as well as the doctor you are seeing.
- Full consideration of personal privacy and confidentiality of your medical information. Your written permission will be obtained prior to releasing any medical information. When we do release your information to others, we ask them to keep it confidential.
- Review your medical record and ask questions unless restricted by law.
- Know of any relationships with other parties that may influence your care.
- Know about rules that affect your care and about charges and payment methods. You have a right to receive and examine an explanation of your bill regardless of the source of payment.
- Receive assistance with the transfer of care from one doctor to another within our practice or to an external doctor not in our practice.
- You have a right to develop a living will or healthcare power of attorney although, since the procedures that we do are not high risk, we will do all that is necessary to stabilize you including CPR if an emergency occurs. EMS will be called and you will be transferred to the hospital.
- Voice your concerns, complaints, or problems with care you received by contacting our manager at 704-295-9099. If we are unable to satisfactorily address your complaint, you may contact the State Medical Board by phone at 1-800-253-9653, AAAHC by phone at 1-847-853-6060 or online at [www.aaahc.org](http://www.aaahc.org), or the NC DHSR Complaint Intake Unit by phone at 1-800-624-3004 or 1-919-855-4500, or online at [www.dhhs.state.nc.us/dhsr/ciu/complaintintake](http://www.dhhs.state.nc.us/dhsr/ciu/complaintintake).



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**PATIENT RESPONSIBILITIES – YOU AGREE TO:**

- Provide accurate and complete information concerning your symptoms, past history, current health status, and medications including over-the-counter products and dietary supplements.
- Make known whether you clearly comprehend your medical care and what is expected of you in the plan of care.
- Participate in the development of the treatment plan and follow care instructions given to you.
- Follow the treatment plan and care instructions given to you.
- Keep appointments and notify us if you are unable to do so.
- Accept responsibility for your actions if you refuse planned treatment or do not follow your doctor's orders.
- Accept financial responsibility for care and pay promptly.
- Follow facility policies and procedures.
- Inform my doctor about any living will, medical healthcare power of attorney, or other directive that may affect my medical care.
- Be respectful of all healthcare providers and staff as well as other patients.
- Inform the staff of any discomfort or pain and patient safety issues.
- Share your values, beliefs, and traditions to help staff provide appropriate care.
- Provide a responsible adult to transport you home and remain with you if you receive sedation medications.
- Provide any Advance Directive information.

Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_