

## **Patient Rights and Responsibilities**

**Welcome to Telehealth NP.** Our goal is to provide quality health care to individuals seeking it. If we are enrolling new patients, you may be eligible to become our patient. As a patient, you have rights and responsibilities. We have rights and responsibilities also. We want you to understand these rights and responsibilities so you can help us provide better health care for you. Please read this statement and ask us any questions that you might have.

### **Human Rights:**

1. You have the right to be treated with respect and dignity regardless of race, religion, sex, national origin, sexual orientation, gender identity, political affiliation, or ability to pay for services.

### **Payment for Services:**

1. You are required to give us accurate information about your present financial status and any changes in your financial status as they occur.
2. You have the right to receive explanations of your bill. You must pay all agreed fees for medical services provided.

### **Privacy:**

1. You have the right to have your interviews, examinations, and treatments in privacy. Your medical records are also private. Only legally authorized persons may see your records unless you request in writing for us to show them to someone else. By signing this document, you are indicating that you understand this.

### **Health Care:**

1. You are responsible for providing us with complete and current information about your health or illness, so we can provide you proper health care. You have the right to and are encouraged to participate in decisions about your treatment.
2. You have the right to information and explanations in the language you normally speak and in words that you understand. You have the right to information about your health or illness, treatment plan (including risks) and expected outcome, if known. If you do not wish to receive this information, or if it is not medically advisable to share that information with you, we will provide it to a legally authorized person.
3. You have the right to information about Advance Directives. You may request this information at any time.
4. You are responsible for appropriate use of our services, which includes following our staff's instructions, making, and keeping scheduled appointments, and only requesting urgent visits when you are ill.
5. If you are an adult, you have the right to refuse treatment to the extent permitted by law, and to be informed of the risks of refusing such care. You are responsible for the outcome of refusing treatment.

6. You have the right to healthcare and treatment that is reasonable for your condition and within our capability.
7. You have the right to be transferred or referred to another facility for services that we cannot provide. However, **Telehealth NP** is not required to pay for services that you get elsewhere. Note: **Telehealth NP** is not an emergency facility
8. As with any organization, **Telehealth NP** has rules for use of our services. Patients are responsible for understanding these rules and using our services in an appropriate manner. **Telehealth NP** property or services may not be abused. It is expected that all patients treat our employees and facilities/services with respect. If you have any questions, please ask.
9. If you are not satisfied with our services, please tell us. We want suggestions so we can improve our services. Client Suggestion/Complaints will be reviewed by the appropriate supervisor. At no time will your complaint affect the care you are entitled to receive.