

PATIENT RIGHTS AND RESPONSIBILITY

YOU HAVE THE RIGHT:

- TO** be treated with respect, consideration and dignity at all times.
- TO** receive assistance in a responsible manner.
- TO** receive information about your health including your diagnosis, treatment, testing or procedures and medical alternatives including associated risks that may be involved in your healthcare.
- TO** know the identity and professional status of individuals providing services to you.
- TO** expect that your medical records and communications will be treated in a confidential manner.
- TO** refuse treatment and be advised of the alternatives and likely consequences of your decision.
- TO** express a complaint to the Office Manager, physician or staff.

YOU HAVE A RESPONSIBILITY:

- TO** review and understand your health insurance coverage and benefits.
- TO** learn and understand the proper use of your insurance plan services and procedures for obtaining coverage. This includes knowing the referral policy for your plan, laboratory restrictions and outpatient facilities covered by your plan as well as co-pay requirements.
- TO** always carry your insurance plan identification card and be prepared to show it at each office visit. Patients will be required to pay for all services provided if the patient, at the time of service, does not provide insurance information, or if the information provided is inaccurate.
- TO** treat all office personnel respectfully and courteously.
- TO** keep scheduled appointments and to notify the office promptly if you will be delayed or unable to keep an appointment (24 hours).
- TO** pay all charges for co-payments, deductibles, non-covered benefits or services at the time of your visit unless prior arrangement have been made.
- TO** ask questions and seek clarifications until you fully understand the care you are receiving.
- TO** follow the advice of your medical provider and consider the alternatives and/or likely consequences if you refuse to comply.
- TO** provide honest and complete information to those providing medical care.
- TO** express your opinions, concerns or complaints in a constructive and appropriate manner.
- TO** understand that late arrival for an appointment may result in the need to reschedule that appointment. Every effort will be made to accommodate the patient's needs without compromising the interests of our other patients.

I have read and understand the office policy as stated above and accept responsibility as described. I give my consent to obtain treatment from Physicians' Pain and Rehabilitation Specialists of Georgia.

Patient Name: _____ Date: _____

Signature: _____