



PEARL PLASTIC SURGERY

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## Patient Rights and Responsibilities

As a patient of Pearl Plastic Surgery, you have the following rights and responsibilities:

- The right to receive quality care and safe treatment , given in a respectful and considerate manner regardless of race, color, creed, national origin, religion, sex, sexual orientation, age or disability. Reasonable accommodation will be given in cases of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences.
- The right to privacy regarding your medical care in case discussion, consultation, examination, and treatment.
- The right to be protected from invasion of privacy, although staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises.
- The right to be protected from any type of abuse by staff at all times or from other patients who are on the clinic's premises.
- The responsibility to be considerate of other patients and staff and to respect their rights to privacy and property.
- The right to receive all information necessary from your physician to give informed consent prior to the start of any procedure and/or treatment and the responsibility to ask questions if you do not understand any aspect of your care and treatment.
- The right to participate with your physician in making decisions involving your health care and the right to choose a surrogate decision maker in the event one is needed.
- The right to know the names, professional status, and experience of the personnel providing care and the responsibility to be considerate and respectful of those who are caring for you.
- The right to know whether the facility is involved in any teaching, research, or experimental programs.
- The right to refuse any drugs, tests, procedures, or treatments and to be informed of the medical consequences of your decision.
- The right to be informed of the clinic's policy and procedures as they pertain to your care.
- The right to receive an estimate of the charges for services and an estimate of any co-payments or other charges that may not be covered by your insurance plan based on the insurance information you have provided.
- The right to view your medical record with an administrator or designee within the guidelines established by law. Your medical records may be disclosed to individual entity only if involved in your care. Any other request must have your written consent.
- The right to 30 days notice in the event of a clinic closure or treatment service cancellation, assistance with the relocation, refund if entitled, and advisement on how to access your medical records.
- The responsibility to provide accurate, honest and complete information about your medical history that will help us care for you, including information about medications and drugs you have used, previous illnesses, injuries, or medical care you have received, and information about your current health status.
- The responsibility to follow you health care provider's instructions, take medications as prescribed and ask questions concerning your health care.
- The right to have a copy of the patients' rights given to the patient at the time of service or during disciplinary discharge.
- The right to express complaints and concerns about your care without fear of recrimination. Formal grievances can be filed by contacting the Clinic Manager at your primary care provider office.