



## **DEBORAH FARBER, APRN**

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### **Patient Rights & Responsibilities**

#### **As a patient here, I have the right to:**

1. Information regarding my diagnosis, treatment options, and informed consent, to the extent provided by law.
2. Prompt and appropriate treatment.
3. Considerate and respectful care.
4. Discuss my concerns with my treating provider.
5. Confidentiality of records and communications, to the extent provided by law.
6. Privacy when receiving care.
7. Prompt and adequate answers to reasonable requests and needs for treatment or service.
8. Inspect my medical record, and receive a copy of my record, as prescribed by law.
9. Refuse to serve as a research subject, or refuse to accept any treatment or examination when the primary purpose is educational or informational rather than therapeutic.
10. Request and receive a copy of an itemized statement of my treatment and charges.

#### **As a patient, I understand I have the responsibility to:**

1. Provide, to the best of my knowledge, accurate and complete information about current medical complaints, past illnesses, hospitalizations, medications, and other issues relevant to my care, and promptly report any changes.
2. Inform my provider promptly if I do not understand information relating to my care and treatment or if I receive instructions that I cannot comply with.
3. Keep appointments, or notify the office if I cannot keep a scheduled appointment.
4. Provide information regarding changes in my medical insurance.



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5. Accept responsibility for my actions if I refuse treatment or do not follow my provider's instructions.
6. Be considerate of other patients and property.
7. Behave reasonably and appropriately in the office setting.
8. Fulfill my financial responsibilities.