

## PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

The medical practice of Fair Oaks Women's Health recognizes and respects the rights of each patient as an individual with unique health care needs and we are committed to providing considerate, respectful, confidential and high quality personalized medical care to each and every patient. In turn, we believe that our patients have specific responsibilities to our practice.

The following outlines these rights and responsibilities.

### PATIENT RIGHTS

1. I have the right to receive appropriate informed consent in advance of any treatment (test, prescription, procedure or surgery) being performed on me. This means that I will be informed of the reasons for the treatment, the alternatives, the risks and benefits of the treatment, and the risks if I choose not to have this treatment.
2. I have the right to privacy. This means that all information about my health and in my medical record is absolutely confidential, and cannot be disclosed to any other individual or organization, except when I give my written permission, or when disclosure is mandated by law.
3. I have the right to receive a complete copy of my medical record in a timely fashion upon my written request, and I agree to pay a reasonable fee for the work involved in providing me this copy.
4. I have the right to be seen in a timely manner. I will be informed of any delay and have the right to reschedule if the delay is too lengthy.
5. I have the right to be informed in a timely manner of all test results.
6. If I have an urgent medical condition, I have the right to speak to someone immediately when I call and to be seen as soon as possible based on my condition.

### PATIENT RESPONSIBILITIES

1. I have the responsibility to understand my insurance plan and benefits.
2. I have the responsibility to take prescribed medications as directed, and if I do not understand the directions, I will call the office for clarifications.
3. In order to insure my good health, I have the responsibility to follow through on all of the doctor's recommendations, including having tests performed, seeing other physicians I have been referred to and returning for follow-up appointments.
4. I have the responsibility to be on time for all scheduled appointments and to notify the office at least 24 hours in advance when I need to cancel or reschedule an appointment.
5. I have the responsibility to pay my co-payment at the time of service.
6. I have the responsibility to pay a \$25 charge for any check returned by my bank.
7. If I fail to pay for services rendered and my account is assigned to collections, I have the responsibility to pay all of the costs of collections including reasonable attorney's fees.
8. If I am pregnant, I have the responsibility to notify this office (in advance if possible) of any change in health insurance. I understand that failure to do this may result in my maternity coverage being denied by my new health insurance plan.
9. I understand and agree that this office can only submit a bill for a diagnosis or medical condition documented in my medical record, and that do to otherwise can be considered fraudulent.