

## PATIENT RIGHTS AND RESPONSIBILITIES

### A PLEDGE TO OUR PATIENTS

We at Meritas Health Corporation/Northland Cardiology are dedicated to meeting your healthcare needs and to treating you with the respect and consideration that each person deserves. In your care and treatment, you have the right to expect:

- § To be treated with courtesy, respect and consideration
- § To have your personal privacy maintained
- § To have all information and records about your care kept confidential
- § To receive quality care, regardless of age, sex, religion, disability, sexual orientation, or diagnosis
- § To receive the information necessary to enable you to make treatment decisions that reflect your needs
- § To have the right, in collaboration with your physician, to make decisions regarding your plan of treatment; this includes the right to accept or refuse medical care as permitted by law, and to be informed of the medical consequences of such refusal
- § To receive a timely response to the request for care
- § To be believed if you say you have pain
- § To have your pain managed as individually and effectively as possible
- § To participate in the planning of your care
- § To have all persons who have contact with you clearly identified by name and function
- § To receive information on how to express a concern or complaint about the quality of your care
- § To participate in the consideration of ethical issues that may arise in your care
- § To have access to the information contained in your medical record
- § To receive, upon request, a copy of your itemized bill in a timely manner, an explanation of the bill, and assistance in filing of insurance forms and arranging financial payment options

### PATIENT RESPONSIBILITIES

Getting better means that you and/or your family will need to take part in your care. As a patient of Meritas Health Corporation/Northland Cardiology, you are responsible to:

- § Provide information about your past illnesses, hospitalizations, medications, and other healthcare matters
- § Request additional information or clarification, if needed
- § Inform your physician(s) and other caregivers if you anticipate problems in following the prescribed treatment
- § Understand that we do our best to accommodate your needs and the needs of our other patients
- § Provide necessary information for insurance claims and for working with the office to make payment arrangements when necessary
- § Recognize the impact your lifestyle may have on your personal health

**You may file a concern regarding any of your rights by contacting any member of management, either verbally or in writing. A member of management is available to assist you with your concern. If we are unable to satisfy you at that time, the Clinic Administrator will contact you with a response in a timely manner.**