



Complete Rural Medicine

Form 12.4 Patient Rights and Responsibilities

1. Patient Rights

- a. Complete Rural Medicine is owned by Chantel Collier, APRN, FNP-C & Ana Taylor, APRN, FNP-C.
- b. The privacy of all patients shall be respected at all times. Patients shall be treated with respect, consideration, and dignity.
- c. Patients shall receive assistance in a prompt, courteous, and responsible manner.
- d. Patient disclosures and medical records are considered confidential. Except as otherwise required by law, patient records and/or portions of records will not be released to outside entities or individuals without patients' and/or designated representatives' express written approval. Patients are given the opportunity to approve or refuse the release of their medical records.
- e. Patients have the right to know the identity and status of individuals providing services to them.
- f. Patients have the right to change providers if they so choose. Patients are informed of the credentials of all staff who will be providing care during the patients' stay.
- g. Patients, or a legal authorized representative, have the right to thorough, current, and understandable information regarding their diagnosis, treatment options, prognosis, if known, and follow-up care. All patients will sign an informed consent form after this information has been provided and their questions answered. When it is medically inadvisable to give such information to the patient, the information is provided to a person designated by the patient or to a legally authorized person.
- h. Unless participation is medically contraindicated, patients have the right to participate in all decisions involving their health care.
- i. Patients have the right to refuse treatment and to be advised of the alternatives and consequences of their decisions. Patients are encouraged to discuss their objectives with their providers.
- j. Patients have the right to refuse participation in experimental treatment and procedures. Should any experimental treatment or procedure be considered, it shall be fully explained to the patient prior to commencement.
- k. Patients have the right to make suggestions or express complaints about the care they have received and to submit such to the Brittanie Schlueter, Office Manager who will complete an "Incident Notification" and bring the issue to the attention of the Ana Taylor, FNP-C in a timely manner so the grievance may be addressed.
- l. Patients have the right to be provided with information regarding emergency and after-hours care.
- m. Patients have the right to obtain a second opinion regarding the recommended procedure. Responsibility for the expense of the second opinion rests solely with the patient.
- n. Patients have the right to a safe and pleasant environment during their care.
- o. Patients have the right to an interpreter if required.
- p. Patients have the right to be provided informed consent forms as required by the laws of the state of Nebraska.
- q. Patients have the right to truthful marketing and/or advertising regarding the competence and capabilities of the physicians and staff.
- r. Patients have the right to have copies of their Advance Directives and Living Wills in their medical records. In the event of an emergency, the patient will be transferred to the appropriate facility, which will be notified of such Advance Directives and/or Living Wills, as defined by state law.
- s. Patients will be provided, upon request, all available information regarding services available at the Practice, as well as information about estimated fees and options for payment.
- t. If applicable, patients will be informed of the absence of malpractice insurance coverage.
- u. Patients have the right to approve the release of their medical records to other care providers, legal representatives, and other persons authorized by the patient.
- v. Patients have the right to exercise their rights without being subject to discrimination or reprisal.
- w. Patients have the right to be free from harassment or abuse.

2. Patient Responsibilities

- a. Patients are expected to provide complete and accurate medical histories, to the best of their ability, including providing information on all current medications, over-the counter products, dietary supplements, and any allergies or sensitivities.
- b. Patients are responsible for keeping all scheduled appointments and complying with treatment plans to help ensure appropriate care.
- c. Patients are responsible for reviewing and understanding the information provided by their physician or nurse. Patients are responsible for understanding their insurance coverage and the procedures required to ensure payment.
- d. Patients are responsible for providing insurance information at the time of their visit and for notifying the receptionist of any changes in information regarding their insurance or medical information.
- e. **Patients are responsible for paying all charges for copayments, coinsurance and deductibles or for non-covered services at the time of the visit unless other arrangements have been made in advance with either owner.**
- f. Patients are responsible for treating physicians, staff and other patients in a courteous and respectful manner. **If a patient causes harassment, verbal abuse, physical abuse or assault or derogatory language or inappropriate words or threats to staff, these actions are not tolerated. The patient will be dismissed from the practice immediately. Medical records will be provided by written consent to their new provider.**
- g. Patients are responsible for asking questions about their medical care and to seek clarification from their physician of the services to be provided until they fully understand the care they are to receive.
- h. Patients are responsible for following the advice of their provider and to consider the alternatives and/or likely consequences if they refuse to comply.
- i. Patients are responsible for expressing their opinions, concerns, or complaints in a constructive manner to the appropriate personnel at the Practice.
- j. Patients are responsible for notifying their health care providers of patient's Advance Directives, Living Wills, Medical Power of Attorney or any other directives that could affect their care. In the event of an emergency, the patient will be transferred to the appropriate facility. The facility will be notified of the existence of the Advance Directive, if applicable, and will be provided with a copy.
- k. The patient should expect to be provided a copy of the Patient Rights and Responsibilities prior to the date of a procedure.

Questions or Concerns?

You and your family should feel you can always voice your concerns. If you share a concern or complaint, your care will not be affected in any way. The first step is to discuss your concerns with your physician, nurse, or other caregiver. If you have concerns that are not resolved, please contact one of the owners at 308-646-2471, or email admin@completeruralmedicine.com

Should you continue to remain concerned, you may contact the following groups will hear your concerns:

1. Nebraska Consumer Protection Line: 800.727.6432
2. The Joint Commission: 800.994.6610
3. Quality Improvement Organization, KEPRO at 855.408.8557
4. or your Ombudsman at www.cms.hhs.gov/center/ombudsman.asp.

Patient Name: _____ **Date:** _____

Patient Signature: _____

Staff Name : _____ **Date :** _____

Staff Signature : _____