PATIENT RIGHTS & RESPONSIBILITIES

Shawn H. Hamilton, MD, Inc. is committed to partnering with you to maintain good health.

**As a patient, you have the right to:**

• Exercise the following rights without regard to gender, sexual orientation or cultural, economic, educational or religious background.

• Receive information about Shawn H. Hamilton, MD, Inc. services, and health care providers.

• Be treated with professionalism, respect, courtesy and dignity.

• Have all matters considered with privacy and confidentiality.

• Participate in decisions about your health care and treatments, as well as receive adequate information about your diagnosis and proposed treatment plan from your health care provider.

• Engage in a candid discussion of appropriate or medically necessary treatment option for your condition, regardless of cost or benefit coverage.

• Refuse any procedure or treatment if you so desire, and be told what effect this may have on your health.

• Be informed of abnormal test results in a timely manner.

• Obtain a second opinion by another network provider.

• Have access to acute medical care 24 hours a day, and through emergency room coverage every day of the year if you have a life-threatening medical condition.

• Have the physician whom you visit focus his or her best efforts on your behalf in order to make a diagnosis and develop a proposed treatment plan based on the information available at the time of the visit.

• Voice complaints or appeals about Shawn H. Hamilton, MD, Inc. or the care provided.

• Know that Shawn H. Hamilton, MD, Inc. specifically does not reward practitioners or other individuals conducting utilization review for issuing denials of coverage, service or decisions that result in under-utilization.

• Submit to the provider an amendment to the medical record if upon review the patient believes any item or statement is incorrect or incomplete.

• Be represented by parents, guardians, designated family members or other conservators for those who are unable to fully participate in their treatment decisions.

**As a patient, you have the responsibility to:**

• Provide your health care provider with complete and accurate information.

• Follow the treatment plan agreed upon by you and your physician, and notify him/her of any significant changes in your condition.

• Treat the office staff and providers with professionalism, respect, courtesy and dignity.

• Recognize that your primary care physician will provide the care he or she is trained to provide prior to seeking consultation with a specialist.

• Know the benefits, limitations and exclusions of your insurance coverage. It is your responsibility to provide current and accurate insurance information, including any updates or changes in coverage. Should you fail to provide this information, you will be financially responsible.

• Pay for consultation, including co-payments and deductibles before being seen by a provider. You will be expected to pay for all agreed upon additional services rendered at the end of your visit.

• Understand that before specialty care may be obtained, you must receive a referral from your primary care physician, if required by your insurance company.

• Give 24-hour advanced notice of delay or cancellation of scheduled appointments

• Know how to access health care services for routine, urgent and emergency situations. An **emergency** is a serious condition requiring immediate intervention. An **urgent condition** could either lead to a potentially harmful outcome if not treated or requires immediate attention (within 24 hours) due to the severity of the symptoms. A **non-urgent condition** includes a limited physical exam or follow-up of acute or chronic medical or surgical conditions.

• Inform the office regarding family member(s) or other conservator(s) participate in treatment decisions if you are unable to make your own decisions.

***I acknowledge I have read and understood Patient Rights and Responsibility.***

Patient signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_