



## **Statement of Patients' Rights**

### **Patients have the right to:**

1. Be treated with dignity and respect.
2. Fair treatment; regard less of their race, religion, gender, ethnicity, age disability or source of payment.
3. Have their treatment and other information kept private. Only where permitted by law, may records be records be released without patient permission.
4. Easily access timely care
5. Know about their treatment choices. This is regardless of cost or coverage by the patient's benefit plan.
6. Share in developing their plan of care.
7. Information in a language they can understand
8. A clear explanation of their plan of condition and treatment options.
9. Information about Transitions Center, its practitioners, services and roles in the treatment process.
10. Information about clinical guidelines used in providing and managing their care.
11. Ask their provider about their work history and training.
12. Give input on the Patients' Rights and Responsibilities policy.
13. Know about advocacy and community groups and prevention services.
14. Freely file a complaint or appeal and learn how to do so.
15. Know of their rights and responsibilities in the treatment process.
16. Receive service that will not jeopardize their employment.
17. Request certain preference s in a provider.
18. Have provider decisions about their care made without regard to financial incentives.
19. Statements of patients' Responsibilities

### **Patients have the responsibility to:**

1. Treat those giving then care with dignity and respect.
2. Give providers information they need. This is so providers can deliver the best possible care.
3. Ask questions about their care. This is to help them understand their care.
4. Follow the treatment plan. The plan of care is to be agreed upon by the patient and provider.
5. Follow the agreed upon medication plan.
6. Tell their provider and primary care physician about medication changes, including medications given to them by others.
7. Keep their appointments. Patients should call their providers as soon as they know they need to cancel visits.
8. Let their provider know when the treatment plan isn't working for them.
9. Let their provider know about problems with paying fees.
10. Report abuse and fraud.
11. Openly Report concerns about the quality of care they receive.

I have read my Patient's Rights under the HIPPA Notice of Policy Practices and the Patient's Rights and Responsibilities of Transitions Center.



Patient Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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