

# Pediatrics West<sup>PC</sup>

## Patient Rights and Responsibilities

### Your Rights as a Patient

We at Pediatrics West, PC, support the rights of our patients. Because we want you to know your rights as a patient, we provide here a condensed version of the Massachusetts patients' Bill of Rights.

We encourage you to take an active role in your plan of care, including understanding your treatment and care. If you do not understand the treatment you are receiving, or if you are uncomfortable about a treatment proposed by your physician, please express your concerns and ask for more information.

In addition, please keep in mind the following rights available to all Pediatrics West patients:

- You have the right to obtain the name and specialty of the doctor or other person responsible for your care.
- You have a right to confidentiality of all records and communications concerning your medical history and treatment to the extent provided by law.
- You have a right to a prompt response to all reasonable requests.
- You have a right to request and receive an explanation of the relationship, if any, of this practice and your doctor to any other health care facility or educational institution insofar as any such relationship relates to your care.
- You have a right to request and receive a copy of any rules and regulations which apply to your conduct as a patient.
- You have a right upon request to inspect your medical records and, for a reasonable fee, to receive a copy.
- You have a right to refuse to be observed, examined or treated by students or any other staff without jeopardizing your access to care.
- You have a right to refuse to participate as a research subject.
- You have a right to the extent reasonably possible to privacy during medical treatment or other care.
- You have a right to prompt life-saving treatment without discrimination due to economic status or source of payment.
- You have a right to informed consent to the extent provided by law.
- You have a right to request and receive an itemized explanation of your bill.
- You have a right, if refused treatment because of economic status or lack of source of payment, to prompt and safe transfer to another facility.

If you have questions about your rights as a patient, please call the office at 978-577-0437. Additionally you may discuss any concerns with the Department of Public Health at 617-753-8000 or the Board of Registration in Medicine at 617-654-9800.

### Your Responsibilities as a Patient and Code of Conduct

As a patient at Pediatrics West, PC, we ask that you take the following responsibilities:

- Provide accurate, complete information about your present condition, past illnesses, allergies, previous hospital stays, medications and any other matters relating to your health.
- Ask questions when you don't understand information or instructions, such as prescriptions or diagnoses.
- Report to your healthcare provider changes in your medical condition.
- Follow the treatment plan recommended. Inform your health care provider if you believe you cannot follow prescribed treatment.
- Provide the practice with insurance information and pay your medical bills promptly.
- Follow office rules and regulations, including arriving on time for your scheduled appointment and canceling appointments with appropriate advance notice.
- Be considerate of the rights of others in the practice, and follow practice policies; for example, no food in the waiting room (potential food allergies), no cell phone use, and respect the privacy of others.
- Have realistic expectations of what the provider can do for your medical condition.
- Help your provider help you; If something isn't working, be clear and the provider can advise alternative care.
- Participate actively in your own medical care by discussing any concerns or questions you may have about prescriptions, prescribed treatment, or diagnoses.
- Treat the whole staff with respect.
- Refrain from inappropriate, harmful, or uncooperative actions or behavior, including without limitation the following:
  - Rude or disruptive behavior
  - Habitual failure to keep appointments, late cancellations, and/or tardiness
  - Refusal to adhere to practice policies
  - Failure to pay outstanding balances
  - Refusal to follow treatment plan
  - Verbal or physical abuse of staff of Pediatrics West
  - Abusive, profane, uncooperative, and/or negative communications in any manner
  - Abusive, profane, uncooperative, and/or negative public communications in any manner

In accordance with our Patient Discharge and Termination of the Patient-Physician Relationship Policy, Pediatrics West reserves the right to discharge the patient or terminate the patient-physician relationship if the patient fails to take on any one of these responsibilities.