**IRONGATE FAMILY PRACTICE ASSOCIATES**

**Patient Bill of Rights and Responsibilities**

***Patient Bill of Rights***

As a patient of the IFPA, you are entitled to considerate and respectful care, regardless of your race, religion, education, sex, culture, background or financial status.

***You have the right*** to know the name of the doctor who has primary responsibility for coordinating your care, and the identity and functions of others who are involved in providing care.

***You have the right*** to receive a description of the proposed treatment, the significant risks, the various alternative methods of treatment including the risks and advantage of each and the consequences of receiving non-treatment before you consent to any action. You also may refuse a recommended treatment, test or procedure if not required by law, and you may leave the facility against the advice of a Physician at your own risk.

***You are entitled*** to privacy concerning your medical care, including examinations, consultations and discussions of your case. Facts and information about consultation, examination and treatment are considered confidential, unless permitted by law, no information or records pertaining to your care will be released without your written permission.

***You have the right*** to formulate Advance Directives and appoint a surrogate to make health care decisions on your behalf. Information about Directives is provide upon request.

***You have the right*** to register a concern regarding service, care or medical management and to obtain resolution. Concerns regarding service can be directed to the Practice Manager. Concerns regarding medical management can be directed to the physician involved.

Presenting a concern will not compromise your quality of care.

***You have the right*** to know before you leave the facility about your continuing health care needs, including the time, location of appointment and name of the physician who will provide follow-up care.

***Patient Responsibilities***

***You have the responsibility*** to pursue a healthy lifestyle. You must provide to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications and other information related to your health. You have the responsibility to report unexpected changes in your condition and are responsible for reporting whether you clearly comprehend a contemplated course of action and what expected of you.

***You are responsible*** for following a treatment plan recommended by the practitioner primarily responsible for your care. This may include following the instruction of nurses and allied health care personnel as they carry out the coordinated plan of your care, implement the responsible practitioner’s orders and enforce the applicable medical office rules and regulations. You are responsible for keeping appointments. When you are unable to do so, for any reason, notify the responsible practitioner or the facility.

***You are responsible*** for your action if you refuse treatment or do not follow the practitioners’ instruction.

***You are responsible*** for assuring that the financial obligations of your health care are fulfilled as promptly as possible.

***You are responsible*** for following medical office rules and regulations affecting patient care and conduct.

***You are responsible*** for being considerate of the rights of other patients and medical office property.