



PATIENT RIGHTS AND RESPONSIBILITIES

Your health care team at the **Queen's Health Systems – Ambulatory Services** values your partnership in keeping you healthy. We strive to create an environment where you are valued and respected. As such, we would like to inform you of your rights and responsibilities.

As a patient of the QHS-Ambulatory Services you have the right to:

1. **SELECT YOUR DOCTOR**

The patient has the right to select his/her doctor. This doctor shall recommend and control the treatment and care of the patient.

2. **REQUEST HEALTHCARE PROFESSIONALS IN TRAINING NOT BE INVOLVED IN YOUR CARE**

QHS-Ambulatory Services is a teaching facility and the training of residents, students, and other healthcare professionals are integral to The QHS's mission. Except in emergency situation, patients have the right to request that residents and students not be involved in his/her care. It is not always possible to honor such requests, but QHS-Ambulatory will try to do so the extent that such restriction will not impact the patient's treatment.

3. **A CONSIDERATE AND RESPECTFUL CARE**

The patient has the right to be treated in a safe and secure setting, free from discrimination, abuse, or threat.

4. **BE INFORMED ABOUT YOUR TREATMENT**

The patient has the right to be informed by his/her doctor of his/her diagnosis, treatment, prognosis, and proposed procedures including the risks involved, in terms that they understand. The patient has the right to know the names and roles of persons treating him/her. The patient or his/her authorized representative has the right to obtain information from his/her medical record within a reasonable time frame, within the limits of the law.

5. **PARTICIPATE IN YOUR CARE PLANNING**

The patient has the right to make informed decisions regarding his/her care, to be told of his/her health status, and to be a part of care planning and treatment. The patient has the right to decide if family members will participate in his/her care. The patient has the right to refuse treatment and conditions of care, including withholding resuscitative measures, forgoing or withdrawal of life sustaining treatment to the extent permitted by law. Should the patient refuse the recommended treatment plan, alternatives will be discussed with the patient within the QHS-Ambulatory Services' policies and procedures.

6. **ACCESS CARE AND UNDERSTAND TREATMENT OPTIONS**

The patient has the right to access care as long as that care is within the QHS-Ambulatory Services' capacity, mission, and policies. When QHS-Ambulatory Services cannot provide the



care or is no longer the appropriate setting for the patient, the staff will fully inform the patient of other choices for care.

7. AN INFORMED CONSENT ABOUT CARE AND TREATMENT

Except in emergency situations, the patient has the right to receive information from his/her doctor regarding the benefits, risks, and alternatives of any procedure or treatment recommended by the doctor which requires consent.

8. CONSENT OR REFUSE TO PARTICIPATE IN RESEARCH

The patient has the right to consent or refuse to participate in proposed research studies affecting care and treatment and to have those studies fully explained prior to consent. Refusal to participate will not compromise a patient's access to care.

9. HAVE ADVANCE HEALTHCARE DIRECTIVES

The patient has the right to have an Advance Healthcare Directive which allows the patient to specify his/her healthcare wishes. The patient also has the right to name a person who would make healthcare decisions for the patient if he/she is unable to do so, to the extent permitted by law and QHS-Ambulatory Services' policy.

10. BE INVOLVED IN ETHICAL ISSUES/CARE AT THE END OF LIFE

The patient has the right to be involved in ethical questions that arise in the course of his/her care or any issues dealing with care at the end of life. Concerns for the patient's comfort and dignity will guide all aspects of care with respect to his/her personal values and beliefs. If a patient or family would like to call an Ethics member for help, please contact 691-1000.

11. HAVE APPROPRIATE ASSESSMENT AND MANAGEMENT OF PAIN

The patient has the right to have appropriate assessment and management of pain when discussing condition with provider. QHS-Ambulatory Services' plan, support, and coordinate activities and resources to assure that every patient's pain is recognized and addressed.

12. PRIVACY AND CONFIDENTIALITY ABOUT YOUR HEALTHCARE INFORMATION

Within the limits of the law, patients have the right to privacy and confidentiality about his/her healthcare and the right to be provided with a copy of Queen's Patient Privacy Practices. If a patient or family have concerns about privacy and confidentiality, please contact a Privacy Officer at 691-4694.

13. MAKE CONCERNS AND COMPLAINTS

The patient has the right to make a complaint without compromising future access to care. Complaints will be handled in a timely manner by contacting Patient Relations at 691-4602.

14. EXPRESS CULTURAL AND RELIGIOUS BELIEFS

The patient has the right to express spiritual beliefs and cultural practices, as long as these do not harm others or interfere with treatment.



15. OBTAIN EFFECTIVE COMMUNICATION SUPPORT

The patient has the right to effective communication including foreign and sign language interpreters. Patient or his/her legal representative will be involved in making decision on any form of communication needs.

16. AN EXPLANATION OF THE BILL

The patient has the right to a detailed billing explanation and to receive, examine, and obtain an itemized bill, regardless of source of payment. The patient may question charges associated with billing and will be advised of the availability of financial assistance if appropriate.

17. HAVE A FAMILY MEMBER (OR REPRESENTATIVE OF YOUR CHOOSING) FOR EMOTIONAL SUPPORT

The patient has the right to have a family member, friend or other individual of the patient's choice present for emotional support during the office/clinic visits, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically unsuitable. The person may or may not be the patient's surrogate decision maker or legally authorized representative. QHS-Ambulatory Services will not restrict, limit or otherwise deny presence based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

As a patient of the QHS-Ambulatory Services you have the responsibility to:

1. IDENTIFY YOURSELF.

Please have ready two forms of identification at the time of your appointment check in. Valid identification includes driver's license, state ID card, insurance card or any valid government issued identification.

2. PROVIDE ACCURATE AND COMPLETE INFORMATION.

Please provide accurate information about your past medical or psychiatric history, past surgical history, current medications including over the counter or herbal therapies and advanced health care directives. Update us with any changes in your health status or treatment.

3. KEEP APPOINTMENTS AND BE ON TIME.

Please notify us 24 hours in advance if you are unable to keep the appointment. Appointments may need to be rescheduled if you are more than 15 minutes late.

4. TAKE AN ACTIVE ROLE IN YOUR HEALTHCARE DECISIONS.

If you do not completely understand your medical condition or treatment plan, it is your responsibility to ask questions.

5. FOLLOW THE MUTUALLY AGREED UPON TREATMENT PLAN.



Please tell us if you have concerns about the treatment or if you cannot follow the treatment plan. The plan may include lifestyle changes, medications, referrals to specialists, and follow up visits. You accept responsibility for your actions if you decide not to follow the treatment plan.

6. STRICTLY ADHERE TO ANY NARCOTIC OR MEDICATION CONTRACTS.

You agree to notify your health care provider of any concerns related to the contract and if you are not willing to follow the contract. Failure to follow the expectations in the contract may result in dismissal.

7. BE CONSIDERATE OF OTHERS.

Please behave respectfully towards your health care provider, care team, and other patients. Any verbal or physical disruption may result in termination of care.

8. FOLLOW THE HEALTHCARE SYSTEM AND/OR CLINIC AFFILIATES RULES AND REGULATIONS.

These include issues related to smoking, service animals, controlling noise level, cell phone use, and photography and respecting other patients' privacy and number of visitors.

9. PAY MY BILL ON TIME AND IN FULL.

It is your responsibility to understand your insurance coverage, obtain preauthorization for services and to update us with any changes in our insurance status. Please work cooperatively with our billing counselor if you expect problems with payment.

10. INFORM YOUR HEALTH CARE PROVIDER OR CARE TEAM IF YOU ARE DISSATISFIED WITH ANY ASPECT OF YOUR CARE.

By adhering to these responsibilities, you help us provide the most appropriate care for your well-being. If you choose not to fulfill your responsibilities, your care may be transferred elsewhere and the health care provider-patient relationship terminated, except in an emergency as required by law.