txcelled Hearing

P: 509-550-5040 F: 509-289-5782 info@excelledhealing.com www.excelledhealing.com Snohomish, WA

EXPERT WOUND CARE, DELIVERED

Notice of Patient Rights and Responsibilities

The following is intended to inform patients of their rights and responsibilities while undergoing medical care. To the extent permitted by law, patient rights may be delineated on behalf of Patient to Patient's guardian, next of kin, or legally authorized responsible person if the patient (a) has been adjudicated incompetent in accordance with the law; (b) is found to be medically incapable of understanding the proposed treatment or procedure; (c) is unable to communicate his/her/their wishes regarding treatment, or (d) is a minor. If there are any questions regarding the contents of this notice, please notify any staff member.

Patient Rights:

- 1. Access to care. You will be provided with impartial access to treatment and services within Practice's capacity and availability and in keeping with applicable laws and regulations. This is true regardless of race, creed, sex, national origin, religion, sexual orientation, gender identity, disability or handicap, or source of payment for care or services.
- 2. **Respect and dignity.** You have the right to considerate respectful care and services at all times and under all circumstances. This includes recognition of psychosocial, spiritual, and cultural variables that may influence the perception of your illness.
- 3. **Privacy and confidentiality.** You have the right, within the law, to personal and informational privacy. This includes the right to:
 - not remain disrupted any longer than is required for accomplishing treatment or services;
 - request transfer to another room if a visitor is unreasonably disturbing;
 - expect that any discussion or consultation regarding care will be conducted discreetly;
 - expect all written communications pertaining to care to be treated as confidential;
 - expect medical records to be read only by individuals directly involved in care, quality-assurance activities, or the processing of insurance claims. No other persons will have access without your written authorization.
- 4. **Personal safety.** You have the right to expect reasonable safety regarding Practice's procedures.
- 5. **Identity.** You have the right to know the identity and professional status of any person providing services and which practitioner is primarily responsible for your care.
- 6. **Information.** You have the right to obtain complete and current information concerning your diagnosis (to the degree known), your treatment, and any known prognosis. This information should be communicated in terms that you understand.
- 7. **Communication.** If you do not speak or understand the predominant language of the community, you should have access to an interpreter. This is particularly true when language barriers are a continuing problem.
- 8. **Consent.** You have the right to information that enables you, in collaboration with the treating provider, to make treatment decisions. Consent discussions will include an explanation of the condition, the risks and benefits of

treatment, and the consequences of no treatment. Except in the case of incapacity or life-threatening emergency, you will not be subjected to any procedure unless you provide voluntary, written consent. You will be informed if the practice proposes to engage in research or experimental projects affecting its care services. Whether to take part is your decision; you will regardless continue to receive the most effective care the practice otherwise provides.

- 9. **Consultation.** You have the right to accept or refuse medical care to the extent permitted by law. However, if refusing treatment prevents Practice from providing appropriate care in accordance with ethical and professional standards, your relationship with Practice may be terminated upon reasonable notice.
- 10. **Charges.** Regardless of the source of payment for care provided, you have the right to request and receive itemized and detailed explanations of any billed services.
- 11. **Rules and regulations.** You will be informed of the practices rules and regulations concerning your conduct at a patient (see Patient Responsibilities below). You are also entitled to information about the initiation, review, and resolution of patient complaints.

Patient Responsibilities

- 1. **Provide accurate information.** You have the responsibility to provide, to the best of your knowledge, accurate and complete information about your present complaints, past illnesses, hospitalizations, surgeries, medications, and any other matters relating to your health, including unexpected changes to your condition.
- 2. **Follow treatment plan.** To the best of your ability follow the instructions of healthcare personnel as they carry out the coordinated plan of care and enforce the applicable practice rules and regulations.
- 3. Keep appointments. If you are unable to keep an appointment, please notify Practice as soon as possible.
- 4. **Communication.** If you are unable to follow the prescribed treatment plan, please inform the provider.
- 5. Consideration. Please be considerate and respectful of other patients and personnel, as well as property of Practice.
- 6. Accountability. Recognize the effects of lifestyle choices (e.g., diet, smoking) on your overall health and their potential impact on health outcomes.
- 7. Finance. Provide current insurance information and fulfill financial obligations as promptly as possible.