# Mary Chen, MD Inc.

18780 Amar Rd. Suite 107 Walnut, CA 91789 Tel. (626) 810-6777 Fax (626) 810-6687

Email: marychenclinic@yahoo.com

## PATIENTS' BILL OF RIGHTS AND RESPONSIBILITIES

## **Patient Rights**

#### The patient has the right to:

- · Treated with dignity and respect
- Fair treatment regardless of race, ethnicity, creed, religious belief, sexual orientation, gender, age, health status, or source of payment of care.
- Have their treatment and other patient information kept private. Only by law may records be released without patient permission.
- · Access care easily and in timely fashion.
- Candid discussion about all their treatment choices, regardless of cost or coverage by their benefits plan.
- · Share in developing their plan of care.
- · Delivery of services in a culturally competent manner.
- Information about the organization, its providers, services, and role in the treatment process.
- Information about provider work history and training.
- Information about clinical guidelines used in providing and managing their care.
- Know about advocacy and community groups and prevention services.
- Freely file a complaint, grievance, or appeal, and to learn how to do so.
- Know about the laws that relate to their rights and responsibilities.
- Know their rights and responsibilities in the treatment process, and to make recommendations regarding the organization's rights and responsibilities policy.

### **Patient Responsibilities**

## The patient is responsible to:

- Treat those giving them care with dignity and respect.
- Give providers the information they need, in order to provide the best possible care.
- Ask their provider questions about their care.
- Help develop and follow the agreed-upon treatment plans for their care, including the agreed-upon medication plan.
- Let their provider know when the treatment plan no longer works for them.
- Tell their provider about the medication changes, including medications given to them by others.
- . Keep their appointments. Patient should call their providers as soon as possible if they need to cancel visits.
- Let their provider know about their insurance coverage, and any changes to it.
- Let their provider know about problems with paying fees.
- Not to take actions that could harm others.
- Report fraud and abuse.
- Openly report concerns about quality or care.
- Let their provider know about any changes to their contact information (name, address, phone, etc.)
- Have the Right and Responsibilities to understand and help develop plans and goals to improve their health.

I have read and understand my rights and responsibilities.

Patient Signati	ure			
Date				