

PATIENT RIGHTS AND RESPONSIBILITIES

AS A CREEKSIDE MEDICAL PATIENT, IT IS YOUR RIGHT:

1. To receive care that respects your values and beliefs and promotes your dignity, personal privacy, and safety.
2. To receive care that is free from all forms of discrimination, abuse, or neglect.
3. To have us communicate with you in a way that you understand.
4. To know the names of physicians, nurses, and others involved in your care.
5. To receive the information you need to make informed choices about treatment, to be involved in planning your care, and to request, accept or refuse treatment.
6. To involve persons of your choice in your care.
7. To know the immediate and long-term financial implications of treatment options, insofar as they are known. You have the right to be informed of charges for services as well as payment options.
8. To expect that efforts will be made to provide you continuous, coordinated, and appropriate care.
9. To receive honest and clear information about your health status, your diagnosis, treatment options, and prognosis. You are entitled to the opportunity to discuss specific procedures and/or treatments, the risks involved the length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.
10. To expect that your treatment preferences will be responded to, as delineated in your Advance Directive.
11. To have personal and medical information protected as described in Advocate's *Notice of Privacy Practices*.
12. To know when information about you must be shared with others.
13. To access financial services to explain your charges, your bill, and your options for payments or other financial arrangements if necessary if needed.
14. To share concerns or complaints about your care and receive a prompt response.

IT IS YOUR RESPONSIBILITY AS A CREEKSIDE MEDICAL PATIENT:

1. To provide correct personal and family health information.
2. To follow the plan for your care.
3. To ask questions if you do not understand what we tell you.
4. To maintain appointments as scheduled, or to reschedule in a timely fashion.
5. To recognize the impact of your lifestyle on your personal health.
6. To be respectful of others' dignity, privacy, and safety.
7. To accept financial responsibility for health care services and to work cooperatively with the office to resolve financial obligations.

COMPLAINTS / GRIEVANCE:

If you have a problem or complaint, please speak with one of our staff to address your concern. If necessary, your problem will be advanced to management for resolution. You have the right to have your written grievances investigated and to receive written notification of the actions taken.

To file a complaint or grievance, send complaint or grievance to

Compliance Administrator, Creekside Medical, 2501 NE 134th Street, Ste 200 Vancouver, WA 98686

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman.

Medicare Ombudsman website: www.medicare.gov/ombudsman/resouces.asp

Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

I have read and understand the office policy as stated above and accept responsibility as described.

Print Name (Patient and Responsible Party if not Patient)

Signature of patient /guardian

Date