



Patient Rights and Responsibilities

Patient Rights:

Personal Privacy

- To have your personal dignity respected.
- To have your identifiable health information kept confidential.
- To enjoy personal privacy and a safe, clean environment.
- To have a medical chaperone with you during sensitive or intimate exams.

Security

- To be free from all forms of abuse or harassment.

Cultural and Spiritual Values

- To have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.

Access to Care

- To receive care regardless of your age, race, color, national origin, culture, ethnicity, language, socioeconomic status, religion, physical or mental disability, sex, sexual orientation, or gender identity or expression, or manner of payment.
- To ask for a change of provider or a second opinion.

Access to Information

- To have your family or a representative you choose and your own physician, if requested, be informed of your office visit.

- To have your bill explained and receive information about charges that you may be responsible for, as well as any potential limitations your policy may place on your coverage.
- To be told what you need to know about your health condition after your office visit.
- To be informed and involved in decisions that affect your care, health status, services or treatment.
- To understand your diagnosis, condition and treatment and make informed decisions about your care after being advised of material risks, benefits and alternatives.
- To knowingly refuse any care, treatment and services.
- To be advised when a physician is considering you to be part of a medical research program. All medical research goes through a special process required by law that reviews protections for patients involved in research, including privacy.

We will not involve you in any medical research without going through this special process. You may refuse or withdraw at any time without consequence to your care.

- To legally appoint someone else to make decisions for you if you should become unable to do so, and have that person approve or refuse care, treatment and services.
- To have your family or representative involved in care, treatment and service decisions, as allowed by law.
- To be informed of unanticipated adverse outcomes.
- To request a review of your medical chart with your caregivers during your office visit.

Communication

- To receive information you can understand.
- To have access to an interpreter and/or translation services at no charge.

Disclosures

- To request a listing of disclosures about your healthcare, and to be able to access and request to amend your medical record as allowed by law.

Recording and Filming

- To provide prior consent before the making of recordings, films or other images that may be used externally

Patient Responsibilities:

Provision of Pertinent Information

- To give us complete and accurate information about your health, including your medical history and all the medications you are taking.
- To inform us of changes in your condition or symptoms, including pain.

Asking Questions and Following Instructions

- To let us know if you don't understand the information we give you about your condition or treatment.
- To speak up. Communicate your concerns to any employee as soon as possible.

Refusing Treatment and Accepting

- ### Consequences
- To follow our instructions and advice, understanding that you must accept the consequences if you refuse.

Explanation of Financial Charges

- To pay your bills or make arrangements to meet the financial obligations arising from your care.

Following Rules and Regulations

- To follow our rules and regulations.

- To keep your scheduled appointments, or let us know if you are unable to keep them.

- To leave your personal belongings at home or have family members take all valuables and articles of clothing home while you are hospitalized.

Respect and Consideration

- To be considerate and cooperative.
- To respect the rights and property of others.

Concerns, Complaints or Grievances

You are entitled to receive a reasonably prompt response to your request for services, be involved in resolving issues involving your own care, treatment and services, and express concerns, complaints and/ or a grievance to your office personnel. You may do this by writing to the following address:

Certified Dermatologists

PO Box 1060

Chesterland, OH 44026

You have a right to file a grievance to the following agencies:

- The Ohio Department of Health at 800.342.0553; email:

hccomplaints@odh.ohio.gov; Fax: 614.564.2422;

Mail Address: ODH, Complaint Unit, 246 N. High St., Columbus, OH 43215

- Office of the Medicare Beneficiary Ombudsman at the following website:

<https://www.medicare.gov/claimsappeals/your-medicare-rights-get-help-with-your-rights-protections>