

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

As a patient of Bibb Family Practice, we encourage you to speak openly with your health care provider, take part in your treatment choices, and promote your own safety by being well informed and involved in our care. Because we want you to think of yourself as a partner in your care, we want you to know your rights as well as your responsibilities as a patient of BFP. We invite you and your family to join us as an active member of your care team.

Your Rights

- **YOU HAVE THE RIGHT** to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender identity, race, national origin, religion, sexual orientation, health status or ability to pay.
- **YOU HAVE THE RIGHT** to be treated with respect by Bibb Family Practice
- **YOU HAVE THE RIGHT** to information contained in your medical record. You also have the right to participate in decisions involving your health care.
- **YOU HAVE THE RIGHT** to personal privacy. Any discussion, consultation, examination and/or treatment regarding your care will be done discreetly.
- **YOU HAVE THE RIGHT** to confidentiality of your medical record and/or other information related to your medical condition.
- **YOU HAVE THE RIGHT** to be seen in a safe and clean environment.
- **YOU HAVE THE RIGHT** to receive care in a timely and professional manner within available resources from a provider with whom you are comfortable.
- **YOU HAVE THE RIGHT** to have special needs met, such as an interpreter to help with communication.
- **YOU HAVE THE RIGHT** to appoint a person to make health care decisions on your behalf in the event you lose the ability to do so.
- **YOU HAVE THE RIGHT** to make advance directives regarding your medical care and have them honored. If you do not have an advance directive, we can provide you with information and help you complete one.
- **YOU HAVE THE RIGHT** to file a complaint about your care without fear of penalty, to have your complaint reviewed and when possible, resolved.
- **YOU HAVE THE RIGHT** to be informed and asked whether you wish to participate in medical research that is being conducted by Bibb Family Practice.
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Your Responsibilities

- **YOU ARE EXPECTED** to provide, to the best of your knowledge, complete information about your symptoms, past illnesses, medications and other matters relating to your plan of care.
- **YOU ARE EXPECTED** to keep your scheduled appointment or call to cancel/reschedule within a 24-hour notice.
- **YOU ARE EXPECTED** to notify us of any changes in address, emergency contacts or insurance coverage (provide a current copy of your insurance card.)
- **YOU ARE EXPECTED** to ask questions when you do not understand explanations about your healthcare or services.
- **YOU ARE EXPECTED** to follow the plan of care or to express concern regarding your ability to comply.
- **YOU ARE EXPECTED** to be responsible for your actions if you refuse treatment or do not follow your medical provider's instructions.
- **YOU ARE EXPECTED** to be courteous and considerate to other patients and Bibb Family Practice personnel.